Forward

Mid Coast Communities’ vision is that people thrive and our local communities are places where everyone belongs. Towards that aim, this Regional Social Profile provides a detailed social analysis of our region. It brings together evidence about the status of our communities, according to a range of social wellbeing indicators.

Whilst the profile identifies a range of social challenges within our region, it also identifies community aspirations and opportunities for a better future.

We hope this Regional Social Profile inspires and empowers you to take positive action to achieve our common goal of a thriving and inclusive Mid North Coast.

Ruth Thompson
Chief Executive Officer, Mid Coast Communities

Acknowledgements

We acknowledge the Gumbaynggirr, Dunghutti, Worimi, Biripi and Birpai peoples, the traditional owners of the land on which we live and work, for their continuing connection to land, water, sea and community. We pay respects to Australia’s First Peoples, to their unique and diverse cultures, and to Elders past, present and future.

Thank you to Margie Beilharz and Suzanne Van Gestel, for their vital attention to detail in editing, proofing and designing this report.

This profile was authored by Dr Justin Gaetano, Research Analyst, Mid Coast Communities, in collaboration with Ruth Thompson, CEO, Terry Robb, Executive Manager: Service Delivery and Quality, and Michaela Holloway, who provided supervisory support and content guidance.

Mid Coast Communities are grateful to the New South Wales Department of Family and Community Services, for their consultation and for providing information relevant to various parts of this report. Special thanks to Mary Sweeney, Projects Manager at the department; and thanks to Anne Norman, Child Wellbeing Coordinator at the Mid North Coast Local Health District.

We also thank Kerry Grace and her team at Regional Development Australia – Mid North Coast, for their help with the initial planning stages. We thank Paul Sekfy for providing us with important information about the Mid North Coast region. Our special thanks to everyone who participated in our consultation groups; your insight was invaluable.

Suggested citation

Mid Coast Communities (2019) Mid North Coast Regional Social Profile 2019 [Available at: http://midcoastcommunities.org.au/].
## Table of abbreviations

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<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
</tr>
<tr>
<td>ADVO</td>
<td>Apprehended domestic violence orders</td>
</tr>
<tr>
<td>AEDC</td>
<td>Australian Early Development Census</td>
</tr>
<tr>
<td>BOCSAR</td>
<td>Bureau of Crime Statistics and Research</td>
</tr>
<tr>
<td>CALD</td>
<td>Culturally and linguistically diverse</td>
</tr>
<tr>
<td>CC</td>
<td>Central Coast</td>
</tr>
<tr>
<td>CFI</td>
<td>Child and family interagency</td>
</tr>
<tr>
<td>DFV</td>
<td>Domestic and family violence</td>
</tr>
<tr>
<td>DIAP</td>
<td>Disability inclusion action plan</td>
</tr>
<tr>
<td>FACS</td>
<td>Family and Community Services (Department)</td>
</tr>
<tr>
<td>GHB</td>
<td>Gamma-hydroxybutyric acid</td>
</tr>
<tr>
<td>GP</td>
<td>General practitioner</td>
</tr>
<tr>
<td>LGA</td>
<td>Local government area</td>
</tr>
<tr>
<td>LGBTIQ</td>
<td>Lesbian, gay, bisexual, trans, intersex and queer</td>
</tr>
<tr>
<td>LHD</td>
<td>Local health district</td>
</tr>
<tr>
<td>LOTE</td>
<td>Language other than English</td>
</tr>
<tr>
<td>MNC</td>
<td>Mid North Coast</td>
</tr>
<tr>
<td>NBN</td>
<td>National broadband network</td>
</tr>
<tr>
<td>NCPHN</td>
<td>North Coast Primary Health Network</td>
</tr>
<tr>
<td>NDIS</td>
<td>National Disability Insurance Scheme</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-government organisation</td>
</tr>
<tr>
<td>NR</td>
<td>Northern Rivers</td>
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<tr>
<td>NSW</td>
<td>New South Wales</td>
</tr>
<tr>
<td>OEC</td>
<td>Organisation for Economic Cooperation and Development</td>
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<tr>
<td>PHN</td>
<td>Primary health networks</td>
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</table>

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Executive summary

We have collated evidence from our own research and other data sources to produce this social profile of the Mid North Coast (MNC) region of New South Wales (NSW). Targeted surveys and interviews with community members helped us to identify community strengths and challenges. This profile is designed to help individuals and agencies explore strategies to further enhance social outcomes towards thriving, inclusive communities.

The region

Just over 300,000 people live on the MNC, which encompasses Coffs Harbour, Bellinger, Nambucca Heads, Kempsey, Port Macquarie–Hastings and MidCoast local government areas (LGAs). Residents generally felt positive about their community but reported facing a number of challenges, including unemployment, violence, lack of transport and other services, racism, and housing stress. These indicators of disadvantage varied across the region, and between more urban and rural areas.

Focus areas

A number of interconnecting themes emerged as focus areas in the study. These are investigated in terms of available data, community attitudes, and community identified opportunities for improvement. Comparisons were made between the MNC region and neighbouring regions or the state, and between LGAs within the MNC.

Families and communities

Over 70 percent of survey respondents felt positive about their community and the environment, and valued their lifestyle and the community’s diversity and resilience. However, they also acknowledged inequities across the region in terms of socioeconomic wellbeing and service access. Some people felt disconnected from their community, and that young people were not engaged with school and employment. The area also has a relatively high rate of teenage mothers.

Suggestions for improvement focused on increasing community connections, both physically in terms of public transport, and socially through increasing avenues for cooperation and engagement.

Domestic and family violence

Domestic and family violence (DFV) was relatively common in the MNC, and a major concern for residents. Assault related to DFV was one of the most common major offences in the region, and alcohol was often involved. Residents saw DFV as part of a cycle of intergenerational trauma and disadvantage.

Although the region has some services to support victims of DFV, residents called for more resources such as crisis accommodation and staff skilled in dealing with DFV. Education and behaviour-change programs were seen as good starting points for raising awareness of DFV and ensuring that violent behaviours are acknowledged and addressed.

Health

Physical health issues, including those associated with drug and alcohol misuse, ageing, DFV and cancer, affected a significant proportion of the MNC population. Dialysis was the most common cause of hospitalisation across all residents.

Residents were concerned about difficulties in accessing health care, both in terms of a lack of public transport and difficulties in getting appointments with doctors (particularly specialists). Telehealth (e.g. Skype for a consultation) and home therapy were suggested as ways of improving access to health for all across the region.

Mental health

Many in the region were concerned about mental health and its relationship to intergenerational trauma, family breakdown and poverty. Compared with NSW overall, the area has high rates of self-harm hospitalisations, psychological distress and suicide deaths. Community members also noted that it was hard to be open about mental health concerns.

Difficulty accessing psychiatrists and psychologists was seen as a barrier to improving mental health. Telehealth was suggested as a way of reducing feelings of shame about mental health concerns, which might encourage uptake of treatment.

Substance use

Nationwide rates of alcohol and tobacco use have been declining, although they tend to be higher in rural and remote areas. Alcohol consumption rates in the MNC were relatively high, but this did not translate into increased alcohol-related deaths.

Illicit drug use has also been declining nationwide, except for the growing misuse of pharmaceuticals. Although the use of Ice (meth/amphetamine) is not increasing overall, MNC residents felt that it was becoming a bigger problem in their area and contributing to violence in the community.

Culturally and linguistically diverse communities

Around one-third of the people who responded to our survey identified as having culturally and linguistically diverse (CALD) status for themselves or their parents. Census data shows that almost four percent of the population speak a language other than English at home, with the most common being Punjabi, German and Spanish. Migrant intake patterns contribute to a great diversity of languages and cultures.

Many residents were positive about multiculturalism; however, survey responses also identified racism does exist. Community members supported programs to increase cultural exchange, and employment and training opportunities for people from CALD backgrounds.

Aboriginal and Torres Strait Islander communities

Indigenous culture and language were valued in the community, although racism and intolerance from non-Indigenous people were also evident. Nearly half the Indigenous population was younger than 20 years. Some community members called for increased training and employment options for Aboriginal people. Indigenous people had a much higher hospitalisation rate (per capita) than non-Indigenous people, overwhelmingly for dialysis.

Affordable housing and homelessness

Because average wages are low in the MNC, housing stress was felt by people with mortgages and those renting. Overall, rates of homelessness were lower in the MNC than in neighbouring regions and NSW, but the issue was still of concern to the community who felt it was under-reported.

Employment and education

The MNC has an ageing workforce, with over half of the workers over 45 years of age. Some LGAs within the MNC rank high for youth unemployment, and Indigenous unemployment was also high. Overall, levels of youth disengagement with study and work were relatively high. However, educational readiness measures of children starting school in the MNC overall were in line with state and national averages.

Community members wanted the area to offer the apprenticeships, life skills training, affordable university study and local transport that would encourage young people to stay. New university infrastructure was seen as providing a boost to education and employment in the region. Moreover, the roll out of the National Broadband Network was seen as a rich source of opportunities both now and into the future.

Disability

Over 10 percent of people in the MNC region were carers for someone with a disability, which was slightly above the state average. The rates of people needing assistance (for disability, ageing or long-term health condition) varied between LGAs. Disability is also often related to social isolation. Disability Inclusion Action Plans being produced by local governments are expected to help increase inclusion for people with disability.

Areas of opportunity identified by residents included improving access for people with a disability, affordable transport options, and greater inclusion in employment opportunities and communities.

Ageing

The MNC has an ageing population and a workforce that is older than the state average. Ageing was rated as one of the top three health issues in all the LGAs. Ageing is related to growing rates of dementia.
and also vulnerability to social isolation and loneliness. Most LGAs in the region have developed, or are developing, strategies to support their ageing populations.

Residents and community organisations see opportunities for developing small and accessible houses that are suitable for older people. Data suggests greater provision of support to carers, and advocacy support for older people. Opportunities

As presented in Chapter 3, data from the Dropping off the edge report[2] showed that certain factors were related to disadvantage in 18 MNC postal areas. Social cohesion indicators, which measure people’s sense of connection with family, friends, and the wider community, are also influenced by where people live.[10, 117] For instance, data presented by the Centre for Social Impact, Australia, predicts that the probability of getting together socially with relatives or friends is lower for people who live in remote or regional areas, compared to those who live in more urban environments.[117] Residential remoteness is also correlated with a lack of internet access, which is also likely to restrict people’s connection with their communities. This report identifies social isolation as an area of community concern. For instance, individuals who report having a disability or high levels of psychological distress are less likely to have seen their family or friends in a given week.[117]

The community conversation groups and other community feedback have proposed some positive actions to take in order to enhance support for children, young people, older people and families of the MNC. These suggestions provide opportunities for improvement across the region and within specific LGAs. While not necessarily providing a complete set of opportunities that exist on the MNC, Chapter 4 draws upon community feedback in order to outline key priorities and opportunities identified as being important by MNC residents.

1. Introduction

This Regional Social Profile outlines the strengths, challenges and aspirations of the communities of the Mid North Coast (MNC) region of New South Wales (NSW). It collates current evidence about the region and its people, and discusses the impact of social, economic, environmental and political factors on people’s lives. The report then identifies opportunities for change towards more thriving, inclusive communities.

1.1 Objectives, vision and values

Our objectives in publishing this Regional Social Profile are:

- To equip agents of community change with evidence-based knowledge. To provide policymakers, community leaders, and other agents of change with knowledge so they can best serve local communities and people.
- To encourage all people to take part in shaping their community. To provide community members with information and opportunities so they can participate in shaping their local communities.
- To identify community strengths, aspirations and challenges. To identify community strengths so these can be harnessed to achieve community aspirations and ameliorate community concerns.

Social perspective

Mid Coast Communities has a vision:

- That people we work with thrive, and that our local communities are places where everyone belongs.

Accordingly, this social profile focuses on the factors that affect personal and community wellbeing.

The MNC is a beautiful place to live, inhabited by people from diverse cultures and backgrounds. Every person who lives here has a unique set of strengths and challenges, as do the communities that support the people living here.

Data from the Australian Bureau of Statistics census and other sources, help us to identify areas of disadvantage, where extra support for individuals and families may be needed from government and the wider community. “Disadvantage” is defined by the Australian Institute of Family Studies as: “the complex cluster of factors that make it difficult for people living in certain areas to achieve positive life outcomes.”[1, 2]

Disadvantage arises from the interaction of person factors (e.g. lack of employment, poor education levels, and drug and alcohol use), social factors (e.g. weak social networks, poor role models and lack of opportunity) and environmental factors (e.g. lack of green spaces), which all correlate with each other in complex ways.[1, 2]

A number of interconnecting themes emerged as focus areas in the study:

- Families and communities
- Domestic and family violence
- Health
- Mental health
- Substance use
- Culturally and linguistically diverse communities
- Aboriginal and Torres Strait Islander communities
- Affordable housing and homelessness
- Employment and education
- Disability
- Ageing

These focus areas provide the framework for this report’s investigation. Across these areas, common aspirations and concerns emerged.
1 Introduction

Mid North Coast REGIONAL SOCIAL PROFILE 2019

Aspirations:
- A strong, happy and resilient community
- A safe, friendly place to live
- Connecting with others
- Access to health, recreation and education
- Equitable service provision
- Feeling valued and empowered
- Economic security (especially employment and housing)
- Allowing individual choice
- Celebrating diversity

Concerns:
- Socioeconomic disadvantage through unemployment, workforce casualisation and homelessness
- Intergenerational trauma making it hard to break the cycle of disadvantage
- Limited access to services
- Prejudice on the basis of race, age, religion, ethnicity and gender
- Violence in families and the community
- Lack of public transport
- Challenges for some people in achieving training and employment outcomes with the supports currently available

We will describe the MNC community’s strengths and concerns from a qualitative perspective, as well as use narrative data to identify opportunities to improve outcomes for our communities.

Outcomes

Ultimately, we hope that this report can support achievement of the following outcomes across the region:
- Increased visibility, accessibility and availability of services
- A more unified and collaborative service system that listens to individual and families’ needs, and operates efficiently without duplication
- Increased resilience of families and communities
- Fewer children at risk of significant harm
- Better health outcomes, including mental health, and reduced substance abuse
- Decreased homelessness and domestic and family violence
- Increased rates of school attendance and education participation
- Increased employment opportunities and participation
- Enhanced outcomes for Aboriginal and Torres Strait Islander people
- Enhanced outcomes for culturally and linguistically diverse people
- Enhanced outcomes for older people and people with disability
- Increased community connectedness, celebration and engagement.

1.2 Data and analysis

Census and other data

Information on population demographics, employment and education, housing, health, domestic violence and other relevant factors is available from the Australian Bureau of Statistics’ census data and other sources. This information allows us to characterise the MNC region at a number of increasingly fine-grained levels.

State: Data for the MNC were compared with data for the entire state of NSW.

Region: Data for the MNC were compared with two selected regions:
- Northern Rivers, which has similar demographic characteristics, such as population size, area size and climate
- Central Coast, which includes suburbs Gosford and Wyong, and is a peri-urban comparison – it has a much smaller area and higher population density

Also, health and substance use data were compared with other areas within the North Coast Primary Health Network (NCPHN), which includes the Northern NSW and MNC local health districts. The NCPHN spans all coastal LGAs from Port Macquarie–Hastings in the south, up to the Queensland border. This includes all MNC LGAs except for MidCoast Council.

Local government area: Data were compared between the six LGAs within the MNC (Bellingen, Coffs Harbour, Kempsey, MidCoast, Nambucca and Port Macquarie–Hastings).

Postal area: Postcode-level data on areas of community concern were sourced from the 2015 Dropping off the edge interactive mapping project. This information was used to compile a matrix of social disadvantage for the 18 most populous postcodes in the MNC (2453 Dorrigo; 2454 Bellingen; 2455 Urunga; 2450 Coffs Harbour; 2452 Toormina; 2456 Woolgoolga; 2431 South West Rocks; 2440 Kempsey; 2441 Stuarts Point; 2422 Gloucester; 2428 Forster–Tuncurry; 2430 Taree; 2447 Macksville; 2448 Nambucca Heads; 2449 Bowraville; 2443 Laurieton; 2444 Port Macquarie; 2446 Wauchope).

Community views

Community views were collected in a number of ways.

Community conversations: In March 2017, the NSW Department of Family and Community Services (FACS) hosted a series of conversations in Bellingen, Coffs Harbour, Kempsey, Nambucca and Port Macquarie to identify community needs. In each conversation, community members were asked to share their aspirations for the future.

Child and family interagency meetings: Meetings were hosted by FACS in June 2017.

Youth Futures Forum: A youth forum was held in Coffs Harbour in April 2017.

Regional Social Profile survey: An online survey, which was open from June to August 2017, received responses from 311 people on their perceptions of the MNC’s strengths and concerns.

See Appendix B. Methodology for more details on the data sources and analysis.
2. Our region

The Mid North Coast (MNC) is a subtropical region on the east coast of NSW, Australia, bounded by the Clarence Valley (north), Hunter Valley (south) and New England region (west). The MNC region and its six LGAs are shown in Figure 1. Until recently, the MNC consisted of eight LGAs, but in 2016, Gloucester, Greater Taree and Great Lakes amalgamated to form the MidCoast LGA. Where possible, this report refers to the amalgamated LGA, although data were not always available.

Figure 1. Mid North Coast region[6]

The MNC population in 2018 was estimated at just over 310,000 people, making it the third most populous region in NSW after Greater Sydney, and Newcastle and Lake Macquarie[4]. The MNC is comparable in population size to the Illawarra region (307,335), but is much less densely populated (MNC: 14.6 people/km²; Illawarra: 199.7 people/km²). The MNC is recognised as a “region of opportunity” on various grounds by the NSW Government.[5, 6] It has a thriving agricultural sector, particularly in the banana, blueberry and fishing industries.[6]

Across the MNC, population density tends to track population size. Within the region, Coffs Harbour is the only LGA with a large, statistically dense population. MidCoast has the largest population but is among the least dense – this is due to the amalgamation of three neighbouring former shire councils: Great Lakes, Greater Taree and Gloucester. The amalgamated region takes up an area almost half of the entire MNC, and is almost nine times larger than Coffs Harbour LGA. Finally, Bellingen’s population size is statistically small relative to the MNC, and is the least dense of the six LGAs.

2.1 Local government areas

The MNC LGAs contain a number of notable townships, and are home to people with diverse backgrounds.

**Coffs Harbour City Council**

The Coffs Harbour area was called Galambila by the Gumbaynggirr people who lived there prior to white settlement. Coffs Harbour city is the 25th most populous city in Australia.[7] Its five-year growth rate of 5.4% surpasses that of larger cities, including Adelaide and Newcastle–Maitland. Coffs Harbour has several satellite suburbs, including Park Beach, Coffs Harbour Jetty, Sawtell, Toormina and Boambee. It is the only LGA in the MNC region classed as a city – the rest are areas. The tourism and hospitality industries of Coffs Harbour are a major contributor to the local economy. Its main exporting industries are agriculture (bananas and blueberries), fishing, and forestry and logging.

**Bellingen Shire Council**

The Bellinger River divides Bellingen town, with Lavender’s bridge connecting the south and north sides. Other notable towns include Dorrigo, which is situated 731 m above sea level on the Dorrigo Plateau. Dorrigo is known for its rich red soil and potato growing industry. The Bellinger River runs east from the plateau to the Bellingen Valley below, and connects to the coast via the townships of Raleigh, Repton and Mylestom. The coastal town of Urunga is south of Mylestom.

**Nambucca Shire Council**

The Nambucca River in the centre of the shire marks the boundary between Gumbaynggirr land to the north (Coffs Harbour and Bellingen) and Dunghutti land to the south. The Nambucca area has three main towns: Nambucca, Macksville and Bowraville.

**Kempsey Shire Council**

Kempsey LGA is situated in the Macleay Valley. This area is the traditional land of the Dunghutti people. Kempsey LGA is one of two MNC LGAs in which the major township is not coastal (the other being Bellingen LGA). Communities include Kempsey town, Fredericton, and the popular coastal towns of Crescent Head, Hat Head and South West Rocks. The Macleay River runs through the town of Kempsey. Kempsey’s main industries are agriculture and tourism.

**MidCoast Council**

The main town centre of the amalgamated MidCoast LGA is coastal Taree, which has a population of over 25,000 people. Other townships include Forster–Tuncurry on the coast and Gloucester, which is inland. This area is the traditional land of the Birpai people.

**Port Macquarie–Hastings Council**

Port Macquarie city is one of only two cities in the MNC region (the other being Coffs Harbour city). Despite being a city, Port Macquarie’s surrounding area of LGA (Port Macquarie–Hastings LGA) is too expansive to have also attained city status. According to the 2016 census, Port Macquarie city has the 32nd largest urban population in Australia.[7]
2.2 Regional demographics

The MNC is a large area with modest population growth (Table 1). Four per cent of NSW’s population live here, in an area that takes up 2.7% of the state. In 2016, MidCoast, Port Macquarie–Hastings and Coffs Harbour all had large populations (over 70,000 people), while Kempsey, Nambucca and Bellingen had populations under 30,000.

Population growth

Overall, the MNC population grew by 10% from 2006 to 2016, below the statewide growth rate of 14.7%. The projected average annual growth rate from 2016 to 2036 for the MNC is also comparatively low; it is about a third of the rate for NSW (Table 1).

Table 1. Population characteristics of our region compared to NSW[8-10]

<table>
<thead>
<tr>
<th>Factor</th>
<th>MNC LGAs</th>
<th>NSW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2006</td>
<td>280,230</td>
<td>6,742,690</td>
</tr>
<tr>
<td>Population, 2016</td>
<td>308,372</td>
<td>7,732,858</td>
</tr>
<tr>
<td>Ten-year population growth, 2006–16 (%)</td>
<td>10.0</td>
<td>14.7</td>
</tr>
<tr>
<td>Projected population, 2036</td>
<td>348,150</td>
<td>9,925,650</td>
</tr>
<tr>
<td>Projected average annual growth, 2016–36 (%)</td>
<td>0.4</td>
<td>1.2</td>
</tr>
<tr>
<td>Area (km²)</td>
<td>21,377</td>
<td>800,811</td>
</tr>
<tr>
<td>Population density (number of people/km²)</td>
<td>14.4</td>
<td>9.7</td>
</tr>
</tbody>
</table>

Of the six LGAs, Port Macquarie–Hastings had the highest ten-year growth rate (14%), which was the 31st largest of all 129 LGAs in NSW (Table 2). In other words, Port Macquarie–Hastings’ growth is larger than in three-quarters of NSW LGAs (top 24th percentile).

Coffs Harbour also grew at a comparatively fast rate (top 32nd percentile in NSW; Table 2). While both Port Macquarie–Hastings and MidCoast also have growth rates that surpass more than half of the state’s LGAs, their populations are sparse by comparison. All the other LGAs in our region have growth rates that are in the bottom half of NSW LGAs, particularly Bellingen, which is also the least dense LGA of the MNC (Table 2).

Table 2. Population characteristics of the Mid North Coast and its constituent LGAs in 2016[11]

<table>
<thead>
<tr>
<th>Area name</th>
<th>Population</th>
<th>% MNC</th>
<th>% NSW</th>
<th>People</th>
<th>%</th>
<th>km²</th>
<th>% MNC</th>
<th>% NSW</th>
<th>Number of people /km²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bellingen</td>
<td>12,893</td>
<td>4.2</td>
<td>0.2</td>
<td>177</td>
<td>1.4</td>
<td>1,600</td>
<td>7.5</td>
<td>0.2</td>
<td>8.1</td>
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<tr>
<td>Coffs Harbour</td>
<td>74,641</td>
<td>24.2</td>
<td>1.0</td>
<td>7,984</td>
<td>12.0</td>
<td>1,174</td>
<td>5.5</td>
<td>0.1</td>
<td>63.6</td>
</tr>
<tr>
<td>Kempsey</td>
<td>29,454</td>
<td>9.6</td>
<td>0.4</td>
<td>1,422</td>
<td>5.1</td>
<td>3,376</td>
<td>15.8</td>
<td>0.4</td>
<td>8.7</td>
</tr>
<tr>
<td>MidCoast</td>
<td>91,958</td>
<td>29.8</td>
<td>1.2</td>
<td>7,379</td>
<td>8.7</td>
<td>10,053</td>
<td>47.0</td>
<td>1.3</td>
<td>9.1</td>
</tr>
<tr>
<td>Nambucca</td>
<td>19,521</td>
<td>6.3</td>
<td>0.3</td>
<td>1,222</td>
<td>6.7</td>
<td>1,491</td>
<td>7.0</td>
<td>0.2</td>
<td>13.1</td>
</tr>
<tr>
<td>Port Macquarie–Hastings</td>
<td>79,905</td>
<td>25.9</td>
<td>1.0</td>
<td>9,958</td>
<td>14.2</td>
<td>3,683</td>
<td>17.2</td>
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<tr>
<td>MNC</td>
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<td>4.0</td>
<td>28,142</td>
<td>10.0</td>
<td>21,377</td>
<td>2.7</td>
<td>14.4</td>
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</table>

Household characteristics

Compared to the state as a whole, the MNC population is older, less wealthy and lives in smaller households (Table 3).

Table 3. Household characteristics of the Mid North Coast compared to NSW[11, 10-16]

<table>
<thead>
<tr>
<th>Factor</th>
<th>MNC LGAs</th>
<th>NSW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median age, 2016 (years)</td>
<td>49</td>
<td>38</td>
</tr>
<tr>
<td>Average (mean) number of people per household</td>
<td>2.3</td>
<td>2.6</td>
</tr>
<tr>
<td>Median weekly income, 2016</td>
<td>$960</td>
<td>$1,486</td>
</tr>
<tr>
<td>Median monthly mortgage repayments, 2016</td>
<td>$1,433</td>
<td>$1,986</td>
</tr>
<tr>
<td>Median weekly rent, all households, 2016</td>
<td>$273</td>
<td>$380</td>
</tr>
<tr>
<td>Labour force working full-time (%)</td>
<td>53.4</td>
<td>63.1</td>
</tr>
</tbody>
</table>

Just over half of the MNC labour force is in full-time work, which is below the statewide figure. In an average week, the median income of MNC households is over $500 less than the median NSW household income. However, the median MNC household spends $127 per week less than the NSW median on mortgage or $107 less per week on rent.
3. Indicators of disadvantage

Data from the Dropping off the edge report[2] were compiled into a visual matrix (Figure 2) that highlights:

- the factors that contribute most to disadvantage in the region
- the locations that record the greatest levels of disadvantage.

The heat map was constructed for 2015 data for the 18 most populous postal areas in the MNC (see Appendix B: Methodology for a comprehensive description of the areas included).

In the matrix, smaller numbers (and darker shaded cells of blue or green) represent greater levels of disadvantage compared with other postal areas in NSW. For example, a cell value of one indicates that the area ranked in the top 1% (1st percentile) of the state’s 621 postal areas for that indicator of disadvantage. Average disadvantage levels for each postcode are shown in the bottom row, and for each indicator in the right-hand column.

Reading from left to right, postcodes are ranked from most to least disadvantaged on average. Bowraville, Kempsey and Nambucca Heads were the most disadvantaged postcodes on the MNC, with average percentiles of 11, 12 and 13 respectively.

Within LGAs themselves:

- Forster–Tuncurry and Taree were the most disadvantaged postcodes in the MidCoast LGA.
- Laurieton was the most disadvantaged postcode in the Port Macquarie–Hastings LGA, with rent assistance, disability support and low family income each in the 5th percentile for disadvantage.
- Coffs Harbour was the most disadvantaged postcode in the Coffs Harbour LGA, with rent assistance on the 6th percentile, followed by psychiatric admissions on the 8th percentile.
- Urunga was the most disadvantaged postcode in the Bellingen LGA, with rent assistance on the 4th percentile.

Reading the matrix from top to bottom shows which indicators contributed the most to disadvantage on average. The first row shows that average long-term unemployment was in the 8th percentile, meaning that the MNC was within the top 8% of NSW postcode areas in terms of disadvantage due to long-term unemployment. The most disadvantaged postcodes for long-term unemployment were Bowraville (in the top 1% of NSW), Nambucca Heads (top 2%) and Dorrigo (top 3%).

The bottom row shows that housing stress was on average the least significant issue contributing to disadvantage in the MNC. However, the average percentile was still 45, and in Coffs Harbour, housing stress was in the top 25% of NSW postcodes.

Overall, the average MNC postal area was at the 26th percentile of disadvantage across NSW (see the bottom right-hand corner of the table). With the other data reported here, it is clear that the MNC region stands out in having many young families (Indigenous and non-Indigenous), reflecting overall high fertility rates. At the same time, the data show that children, young people and families were exposed to many disadvantage factors, which vary from area to area.
### Postal area (disadvantage percentile in NSW & ACT)

<table>
<thead>
<tr>
<th>Postal area (disadvantage percentile in NSW &amp; ACT)</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bellingen LGA postcode</td>
<td>Average</td>
</tr>
<tr>
<td>Coffs Harbour LGA postcode</td>
<td>Average</td>
</tr>
<tr>
<td>Kempsey LGA postcode</td>
<td>Average</td>
</tr>
<tr>
<td>MidCoast LGA postcode</td>
<td>Average</td>
</tr>
<tr>
<td>Nambucca LGA postcode</td>
<td>Average</td>
</tr>
<tr>
<td>Port Macquarie–Hastings LGA postcode</td>
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<table>
<thead>
<tr>
<th>Disadvantage indicator</th>
<th>B</th>
<th>CH</th>
<th>MC</th>
<th>K</th>
<th>N</th>
<th>PMH</th>
<th>PMH</th>
<th>B</th>
<th>B</th>
<th>MC</th>
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<tr>
<td>Long term unemployment</td>
<td>1</td>
<td>4</td>
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<td>Rent assistance</td>
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<td>1</td>
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<td>Young adults not engaged</td>
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<td>24</td>
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<td>21</td>
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<td>?</td>
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<tr>
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<td>11</td>
<td>21</td>
<td>17</td>
<td>30</td>
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<td>16</td>
<td>24</td>
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<td>?</td>
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<tr>
<td>Juvenile convictions</td>
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<td>Overall education</td>
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<td>Housing stress</td>
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<td><strong>Average</strong></td>
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<td>26</td>
<td>27</td>
<td>31</td>
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</tbody>
</table>
4. Focus areas

4.1 Family and community

Children, births and fertility rates

We saw above that the MNC population was older than the average for the state (Table 3). In line with this trend, the population also had a relatively low proportion of children aged zero to four years in the population (5.3%) compared with NSW as a whole (6.5%) (see Appendix A1, Table 4).

Within the MNC, Coffs Harbour and MidCoast LGAs had the majority (54.3%) of children aged zero to four years, but they differed with respect to the proportion of the LGA this age group represented. That is, the percentage of people in Coffs Harbour aged zero to four years (5.9%) was high, while the same-aged percentage of MidCoast’s population (4.9%) was low.

Although the region had proportionally few very young children, on average, women in this region had larger families (2.22 children) than women in similar regions (Northern Rivers: 2.05; Central Coast: 1.96) and NSW as a whole (1.85) (see Appendix A1, Table 5). As expected, most births in 2015 occurred in the most populous LGAs and regions. Interestingly, the two most populous MNC LGAs had the largest families: Nambucca (2.69 children), Kempsey (2.27) and Bellingen (2.35) and Kempsey (2.27).

Data on motherhood were obtained from the 2011 census (it was not collected in the 2016 census). They showed that the region had relatively high proportions of women (all ages) who were mothers (see Appendix A1, Figure 3). The MNC also had a high rate of young mothers (aged 15–19), with 31 young mothers per 1,000 young females. This was higher than:

- nearby regions with similar populations (Northern Rivers: 20; Central Coast: 18)
- the state (17)
- the country (19) (see Appendix A1, Figure 3).

Teenage mothers were particularly prevalent in Nambucca and Kempsey, two areas with disadvantageous resident populations, than in the other LGAs (see Appendix A2, Table 6). Bellingen, on the other hand, had a very low rate of young motherhood, and Coffs Harbour had the lowest rate of mothers overall.

The relatively high rate of young mothers in Nambucca may have contributed to that LGA’s high fertility rate, as discussed above. Nambucca also had a high overall rate of motherhood (all ages), the highest in the MNC. At a broader scale, the rate of young mothers across the three comparable regions matched closely the overall rate of motherhood for women 15 years or over in those regions. In the MNC, about 733 in every 1,000 women are mothers. In comparison, 710 and 695 per 1,000 women are mothers in the Northern Rivers and Central Coast regions respectively (see Appendix A1, Figure 3).

Overall, birth rates in NSW had been decreasing steadily with time, although women aged 30–34 years had higher birth rates than younger women (see Appendix A1, Figure 4). These data were another indication of a general trend towards an ageing population – fewer women were giving birth, and most babies were born to women aged 30 or over.

Community strengths

A recurring theme that emerged from the community conversations was that residents were drawn to the MNC for the freedom and stability the region offers young people and their families. For example, commenters in Bellingen agreed that people who live in this area value quality of life and a sense of self-fulfilment over financial success. The Regional Social Profile survey found that many respondents felt a positive connection with the community and the environment:

- 70% (200 people) agreed or strongly agreed that their “...neighbourhood is a safe and friendly place for children, young people, and their families”.
- 71% (205 people) agreed or strongly agreed with the statement “I feel hopeful and positive about the community where I live”.
- 95% (274 people) agreed or strongly agreed that they “take pride in the environment where I live”.

Thus, data indicate that many MNC residents were generally optimistic about life in their community.

Environmentally, Nambucca is the most beautiful place in Australia.

Participant, CFI Community Conversation, Nambucca-Bellingen, June 2017

A key strength is the people itself that make up the community. How open and welcoming the community is and the diversity and friendliness of the community is what we cherish.

CFI Community Conversation, Small Group 3, Coffs Harbour, June 2017

We live in a pretty affluent sort of town; safe, easy to walk around and has a relaxed vibe.

CFI Community Conversation, Small Group 2, Port Macquarie, June 2017

Through the community conversations and other avenues, participants identified many strengths in their communities.

Cultural connection and diversity

A core theme of the CFI conversation held in Coffs Harbour LGA was community strength through cultural connection. Coffs Harbour participants said that they were extremely proud of the diverse people and cultures that live in this area. In Kempsey LGA, residents identified that they value the diversity and connectedness of their communities. Everyone at the Kempsey consultation remarked that they cherish the growing cultural groups that make up the whole community. The group felt lucky to have a good variety of cafes, restaurants and community markets.

A key strength identified in the Port Macquarie LGA was the connectedness of their families and communities. People took pride in living in Port Macquarie and were welcoming of others. CFI participants told us that they like the familiarity and sense of engagement among the community that comes with living in Port Macquarie. They felt that their neighbourhoods were friendly and supportive places that foster connection and engagement between people. Residents believed that Port Macquarie and surrounds is a child-friendly and family-friendly community. Numerous facilities and events – many of which were managed by the local council – were designed to encourage the participation of families.

The community is proud of where they live. They share a sense of connectedness, people know each other.

CFI community conversation, Small Group 2, Port Macquarie, June 2017

Port Macquarie’s emphasis on culture was another reason people were attracted to the area. CFI conversation participants believed that the opening of The Glasshouse had boosted the local art scene, and recognised it as a cultural centre for Port Macquarie. They were pleased to see more Aboriginal and Torres Strait Islander artists’ work recognised in local exhibits, including at The Glasshouse.

Art, culture, cottage industry all strengthen the vibrancy of our community.

CFI community conversation, Small Group 1, Port Macquarie, June 2017
Thriving and resilient communities

A strength factor identified at the Coffs Harbour community conversation was small town resilience. This resilience helped to keep the community strong in trying times. People banded together to support others in need, particularly in crises (e.g., when there was flooding). People felt that this tenacity in the face of hardship reflected the strong character of those who chose to live in and around Coffs Harbour. They believed that, because neighbourhoods were less densely populated than in big cities, they each had a unique identity or vibrancy. People who lived here felt that they could make a positive difference to their regional communities.

The inherent nature of the character of the people is what makes the people so resilient – very open and strong people stay here! Conversation participants saw pay-as-you-feel, pay-it-forward and equal opportunity hospitality initiatives as exemplary models for future change.

CFI participants believed that there were several notable factors contributing to the Kempsey community’s resilience. For instance, there was a strong sense that Kempsey people were willing to help each other through difficult times. Kempsey’s communities were resilient because the people who lived there kept active, engaging in sport and other outdoor activities. Kempsey residents seemed to identify with and take pride in their small town resilience; many people who lived there knew each other and pulled together in trying times (e.g., natural disasters like floods or fires, or family breakdowns). Furthermore, service accessibility helped to make their community more resilient. Overall, people saw Kempsey services support system as a strength of the whole community.

I think the thing that stands out most is that when a person or family are having a hard time, the Community sticks together and supports each other.

Participant, CFI Community Conversation, Kempsey, June 2017

Residents also valued their rural lifestyles. Kempsey’s status as a semirural LGA attracted a variety of people with differing strengths to the area: farmers, professionals and people seeking either slower paced or active lifestyles. Kempsey residents felt fortunate to have plenty of outdoor recreational activities to choose from; these include cycling, swimming, kayaking, dragon boating, and (for young people) skating at the recently extended skate park.

Port Macquarie CFI participants felt that the strong socioeconomic growth in their city offered its communities new opportunities to thrive. The growth of this regional city had brought with it more sporting organisations and programs, which help to prevent young people engaging in antisocial behaviour. The university was seen as attracting young people to the area, leading to better employment prospects and adding to the affluence of the city. As well as the university, other education facilities had improved their range of output.

The NGO sector was a major strength of this region. The NGO sector was trusted to work collaboratively with the community and with other agencies or services towards genuine change. Participants at this site reported a strong sense of trust in the community to bring about change, through community-led committees, neighbourhood centres and advocacy. In general, the community found it easy to access support in Port Macquarie LGA because of the wide availability of services with a ‘no wrong door’ approach. Above all, the Port Macquarie CFI conversation group were amazed at the resilience of people, especially those most disadvantaged.

Community conversation participants in Coffs Harbour, Port Macquarie and Nambucca all identified safety and freedom from violence, and inclusion and equity as aspirations for their communities. Among other things, they articulated their wish:

- to feel valued and empowered, as part of a vibrant, healthy and happy community
- for children, young people and families to feel
safe, included and consulted

- for services and opportunities that were easily accessible for all children and families.

Participants in the Nambucca–Bellingen CFI conversation identified challenges in transient, isolated or disengaged communities, which correlated with lower experience of psychological or emotional health. [23, 29, 30]

Our ultimate aspiration is to see our whole community empowered, self-determined and thriving.

CFI Community Conversation, Small Group 3, Nambucca–Bellingen, June 2017 [29, 30]

Bellingen participants wanted to see greater accessibility to local health, recreation and childcare services, because many families had to travel to Coffs Harbour to access services. They also wanted to see equitable service provision across townships within the LGA (e.g. Bellingen, Urunga and Dorrigo).

Coffs Harbour participants described a mismatch between perceptions about their area and reality, due in part to an erroneous perception of heavy welfare reliance in the area. Conversation participants identified that specific townships (Toormina, Woolgoolga and Sandy Beach) were perceived as more unsafe or disadvantaged.

Overall, we wish to see a greater sense of connection among family members and neighbours of all ages, because a safe community is a connected community.

[30]

A further challenge identified in the Kempsey conversation was the tendency to focus on problems in the area, sometimes at the expense of promoting the positive aspects of life in this unique area. The participants felt that free activities for young people and families should be provided, and that at least some of these activities should promote active interaction with their natural environment (e.g. fishing events, swimming in river).

Poverty and socioeconomic disadvantage

Socioeconomic disadvantage and inequity were important concerns in Port Macquarie–Hastings, Kempsey and Nambucca–Bellingen conversations:

- Participants in the Kempsey area reported being worried about how Kempsey was seen by people who live elsewhere; one person commented on the “low self-esteem of the town” and a “need to take a positive attitude”.

- Port Macquarie participants expressed their desire for a community that offers young adults a wider selection of employment, training and tertiary education opportunities.

- Some Nambucca–Bellingen participants felt demoralised about the prospect of genuine change for their region given their current socioeconomic environment.

Participants in both Port Macquarie–Hastings and Nambucca were also concerned about young people’s disengagement with the school system and mistrust towards agencies and institutions. They felt that those attitudes could lead to a sense of hopelessness in the youth living in the area. The participants saw a need for more youth education programs, and educational resources, and support for parents to raise their children with confidence. Youth arts and recreation activities were also identified as important to Nambucca residents.

Acceptance and tolerance

As discussed above, the 2017 Regional Social Profile survey found that many MNC residents disagreed with, or were not certain about, the idea that their neighbourhoods were connected communities. Many also indicated a lack of confidence that the community would listen to their concerns about the local area. One-hundred-and-two young people who participated in the 2017 Youth Futures Forum told us that they related to this concern. [31, 33] The aspiration to be heard by the community was extremely important to the young people of Coffs Harbour and surrounding areas (e.g. Bellingen).

[34]

Young people expressed a need to feel valued and wanted more opportunities to lead community projects. They needed to feel respected and understood by their family, teachers, Elders and each other. Young people wanted parents and adults in authority to appreciate the “dignity of risk”; to respect that adolescence is a period of growth and risk-taking.

There’s a power imbalance and the decision-makers don’t listen to young people. If they listened to us, things could improve.

Young person, Coffs Harbour Youth Futures Forum, April 2017 [30]

Individual choice was seen as very important, particularly in the domains of education (e.g. including LGBTIQ+ awareness and life skills training in curricula) and health and wellbeing (e.g. home-birthing options). Coffs Harbour participants wanted a community that genuinely accepted individuals for who they are – a pertinent remark around this theme was that “equality doesn’t mean sameness”.

Maintenance of infrastructure

While MNC residents shared a strong sense of pride in their environment, many felt that public toilets and other facilities could be better maintained. In the survey, about as many people agreed (36.0%) as neither agreed or disagreed (35.3%) with the statement “Public toilets and other facilities in my local area are maintained”, and over a quarter (28.7%) disagreed.

Young people at the 2017 Youth Futures Forum[30] commented that footpaths, toilets and bike paths need proper maintenance. They also felt there was a lack of vibrancy across the Coffs Harbour area. Moreover, climate change and pollution were seen as major challenges facing our young people now and into the future.

We want a good reputation for the area which makes more people want to come here to visit or to live. Clean facilities, parks. Hygiene is important. We need better public toilet facilities. I refuse to go to them; they are dark, smelly and unsafe.

Young person, Coffs Harbour Youth Futures Forum, April 2017 [30]

Our goal is to have an environmentally friendly community clean water, clean food, less pollution – we don’t want rubbish being left around. The temperature is getting hotter due to climate change.

Young person, Coffs Harbour Youth Futures Forum, April 2017 [30]

Opportunities

The community suggested many ways to promote social inclusion, build community capacity and break cycles of intergenerational trauma. Many focus on encouraging diverse MNC communities and families to connect with each other – and with the environment – as the best way to foster regional resilience.

Opportunities suggested by our community included:

- promoting free community connection activities for families (e.g. free family activities and encouraging families to make use of parks, nature walks and other free amenities)
- improving the public transport system to enable more people from disadvantaged backgrounds to access services
- encouraging more collaborative work among service teams as well as joint interagency planning
- exploring home therapy and service-to-client delivery options to reach more people and consult with them where they feel comfortable
- increasing funding to employ, upskill and retain more service staff where needed
- engaging the retired community to run volunteer programs, to help lighten staff workloads.
4.2 Domestic and family violence

Domestic and family violence (DFV) is an issue that often goes unreported, and is misunderstood by many – the MNC region is no exception. Many organisations and institutions have identified DFV as a high priority issue facing Australia. We don’t have good figures on rates of DFV, a general problem that the Australian Bureau of Statistics identified as a national priority. This is most likely due to the serious difficulties associated with reporting DFV (e.g. the victim’s fear of subsequent abuse, victim blaming, etc.). In addition, it is possible that some forms of abuse go largely unreported because people do not recognise them as abuse.

Domestic and family violence offences involve:

- two or more people who are in a family or domestic relationship, such as domestic partner (current or former), parent, other family member (e.g. sibling) or non-family member (e.g. guardian)
- instances of physical, sexual or emotional abuse, as well as threats of such abuse.

In a legal context, DFV is defined in terms of certain discrete, criminal law offences. Crucially though, legal definitions of DFV do not capture certain types of abuse, such as verbal threats, property damage or denial of money, which may go undetected.

There is a disconnect between the legal definition and how DFV is defined by the public. For instance, over 10% of Australian-born participants in the 2009 National community attitudes towards violence against women survey reported believing that domestic violence did not include:

- slapping or pushing a partner to cause harm or fear
- forcing a partner to have sex
- throwing or smashing objects near a partner to cause fear.

Nevertheless, some recent high-profile cases have prompted strong DFV advocacy, prevention and policy and service development campaigns, such as the work of Rosie Batty. The Victorian Government’s 2015–16 Royal commission into family violence is the most comprehensive investigation of the issue. It made 227 recommendations with a view to implementing a DFV reform program in the short and long term.

Rates of family and domestic violence

In the MNC, eight out of ten perpetrators of DFV incidents were male, while seven out of ten victims were female (see Appendix A2, Figure 5). In general, DFV-related violence was one of the most common major offences in the region, and alcohol was often involved. Family violence was also found to be a major health concern in the region. The percentage of residents concerned about DFV was higher in the MNC than it was across the whole North Coast Primary Health Network (i.e. Port Macquarie–Hastings to Tweed; see Appendix A3, Figure 9).

The rate of DFV incidents in the MNC region (2012–16) was higher than the rate for the whole of NSW (see Appendix A2, Figure 6). The regional and statewide rates have remained stable since 2012, but rates vary between LGAs and over time.

Additional indicators of DFV were gained from statistics on apprehended domestic violence orders (ADVOs). These are court orders against a defendant to protect a plaintiff from violence, intimidation or harassment. They are issued in cases where the people involved were related or have had a domestic or intimate relationship.

The most recent data available were from 2013. These data showed that ADVOs were granted at a higher rate in the MNC (523 per 100,000 people) than the Northern Rivers (435) or Central Coast (320), and the state of NSW overall (331) (see Appendix A2, Figure 7). In the same comparisons, the MNC also had the highest rate of ADVO breaches, with 14% of ADVOs being breached.

In 2016, Mid Coast Communities published DFV key transition point maps (available on the Mid Coast Communities website) that show services for women escaping domestic violence. They cover five MNC LGAs: Coffs Harbour, Port Macquarie, Kempsey, Bellingen and Nambucca (but not MidCoast). Kempsey and Coffs Harbour LGAs had the highest rates of DFV in the MNC, and these rates had risen since 2012. In 2016, Kempsey and Coffs Harbour had the 16th and 39th highest rates of DFV incidents, respectively, out of the 141 sampled LGAs in NSW.

In Kempsey, the rates of ADVOs granted and breached were the highest among all the MNC LGAs, and both were significantly higher than the regional averages.

MidCoast and Nambucca rates tracked the MNC total, while Port Macquarie–Hastings (with declining rates) and Bellingen (with rising rates) were both below the total NSW rate (see Appendix A2, Figure 6).

While the rate of DFV in Nambucca was lower than in Kempsey and Coffs Harbour, Nambucca had the region’s highest rates of non-DFV assaults, and ranked in the 6th percentile for non-DFV assault in the state.

Although the rate of DFV in Bellingen appeared to have increased each year since 2012, the NSW Bureau of Crime Statistics and Research concluded that the trend was non-significant. At the same time, the rate of non-DFV assaults dropped significantly.

An analysis of DFV rates in Port Macquarie–Hastings LGA revealed that the 6% drop (see Appendix A2, Figure 6) was significant. Over the same period, non-DFV assault rates also dropped by a similar degree (7%).

Community strengths

A strength of the MNC region reported in the DFV mapping project was the established network of domestic violence monitoring committees and community services who support people experiencing DFV.

My family is much happier, we have good agreements in place now and it’s really working. We are actually getting along with each other!

Participant, Adolescent Family Violence Support Group

It was good to know I’m not the only parent who feels afraid. I gained so much strength from the other parents and carers in my group. I’ve built a much better relationship with my son now.

Participant, In It Together participant (parent)

Community concerns and aspirations

Community conversations and the DFV mapping project identified a number of broad community concerns, many of which overlap with other focus areas.

Participants in the community conversations expressed that the most pressing issue for their children, young people and families was their need to be safe and free from violence. This theme emerged from many of the community conversations.

Many young people in this area face DFV, street and school violence and bullying – face-to-face and over social media.

Participant, Community conversation, Nambucca, March 2017
Community awareness of DFV

Mixed opinions surfaced about the extent to which increased reports of child abuse and domestic violence were a concern. Some said that it reflected a failed and failing system:

Families used to be more connected to their neighbourhood and wider community.

Participant, Community conversation, Coffs Harbour, March 2017

In contrast, others said that the rise in DFV statistics reflects an increasing understanding of trauma:

[创伤] is not getting worse. We [now] know more people facing disadvantage and homelessness.

Participant, Community conversation, Coffs Harbour, March 2017

In Bellingen[21], community conversation participants expressed the community’s aspiration to stop “… the ‘bystander effect’ of violence and harm to children.” They talked about the “shadow side of Bello”; that DFV was prevalent in the Bellingen area, but that culture and the closeness of the community meant that people did not want to shed light on the problem.[21]

While it was commented that “people come to Bello to hide out and escape violence”, the group also expressed their aspiration for increased community involvement in addressing DFV:

We want to create a community that is safe, but that comes from everyone’s sense of responsibility to participate in this.

Community conversation group, Bellingen, March 2017

Bellingen participants attributed an apparent reluctance to report DFV to (1) perceptions of risk in a small community, where it might be difficult to assure confidentiality, and (2) desire to maintain the concept that Bellingen is a connected community. Another aspiration of the Bellingen community was the transparent availability of local DFV services:

DFV victims [do not want] to access services available in Coffs Harbour – not sure if this is because of the lack of knowledge of services. A lot of locals won’t go to Coffs Harbour to access services.

Participant, community conversation, Bellingen, March 2017

Building Kempsey into a safe, family-friendly community was an aspiration that featured prominently in the Kempsey community conversation:

In Kempsey local government area, we want a community that is safe for our children, young people and families; a community that is free from violence in the home, and one in which people are not afraid of street crime.

Community conversation group, Kempsey, March 2017

Contrary to that vision, there was unanimous concern that Kempsey youth were exposed to a very high risk of harm – both at home and on the street.[21] Some felt that youth violence had been normalised through social media. There was also a feeling that people do not know about the services available to help people facing DFV.

Support to escape DFV

Coffs Harbour and Kempsey conversation participants identified a lack of transport, money, accommodation and other resources as making it difficult for women to leave violent partners. Women who left their partners risked being found through social media and global positioning satellite devices on their phones. Many groups particularly mentioned that regional or rural women may need extra support to leave a violent home.

Coffs Harbour and Kempsey participants also noted a lack of services to help children escape DFV, including:

• crisis accommodation options for young people escaping DFV
• adequate provision of early intervention or prevention programs for children about DFV
• direct support services for children affected by DFV, in terms of both immediate support and dealing with long-term effects of DFV
• a way of giving children a voice without putting them in the middle
• services for youth who exhibit sexually harmful and abusive behaviours
• education for children that DFV is a zero-tolerance issue.

Bellingen participants noted a lack of Indigenous people in support roles that Aboriginal and Torres Strait Islander families can connect with.

We want our Coffs Harbour community to be a place where all people can feel valued and empowered. We want our children, young people and families to feel safe, included and consulted.

Community conversation group, Coffs Harbour, March 2017

Influence of drug and alcohol use

Participants in the Kempsey and Port Macquarie conversations expressed their concern that violence was worsening due to the widespread availability of methamphetamine, particularly Ice.[22][23] They felt the prevalence of Ice use was related to numerous factors, such as lack of education and support services, its inexpensive production and intergenerational disadvantage.

A concerted effort between government departments and neighbourhoods needs to be made, to stop Ice reaching more people.

Community conversation group, Port Macquarie, March 2017

Drug and alcohol use were linked to violence and other problems in many community conversations.

Young people [are] at risk of alcohol [related issues] when they are on the street because they are not safe at home.

Participant, Community conversation, Kempsey March 2017

Aboriginal and Torres Strait Islander families

Bellingen participants were concerned that DFV was normalised in Aboriginal and Torres Strait Islander families. They also felt that Indigenous people were deterred from reporting DFV by a fear of police or government intervention.

Bellingen and Nambucca participants also said that women from Aboriginal and Torres Strait Islander families may prefer to stay in their tribal country than leave, which made it harder for them to escape domestic violence. They wanted responses to incorporate the victim’s local support network, so that mothers and children could heal in their community rather than off country.

A targeted prevention framework is needed, to improve education outcomes for children, and to empower young parents – particularly young Aboriginal fathers.

Participant, Community conversation, Nambucca, March 2017

Participants in Coffs Harbour raised the issue of DFV not being recognised by the community[21], and Kempsey participants said that the way some people understand gender roles can permit abuse.

DFV victims (do not want) to access services available in Coffs Harbour – not sure if this is because of the lack of knowledge of services.

Participant, Community conversation group, Coffs Harbour, March 2017

Participants in Coffs Harbour and Kempsey also noted that some women may need extra support to leave a violent home.

While it was commented that “people come to Bello to hide out and escape violence”, the group also expressed their aspiration for increased community involvement in addressing DFV:

We want to create a community that is safe, but that comes from everyone’s sense of responsibility to participate in this.

Community conversation group, Bellingen, March 2017

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Participant, community conversation, Bellingen, March 2017

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Community conversation group, Kempsey, March 2017

Contrary to that vision, there was unanimous concern that Kempsey youth were exposed to a very high risk of harm – both at home and on the street.[21] Some felt that youth violence had been normalised through social media. There was also a feeling that people do not know about the services available to help people facing DFV.

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Community conversation group, Coffs Harbour, March 2017

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A concerted effort between government departments and neighbourhoods needs to be made, to stop Ice reaching more people.

Community conversation group, Port Macquarie, March 2017

Drug and alcohol use were linked to violence and other problems in many community conversations.

Young people [are] at risk of alcohol [related issues] when they are on the street because they are not safe at home.

Participant, Community conversation, Kempsey March 2017

Aboriginal and Torres Strait Islander families

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A targeted prevention framework is needed, to improve education outcomes for children, and to empower young parents – particularly young Aboriginal fathers.

Participant, Community conversation, Nambucca, March 2017
Intergenerational trauma and disadvantage

The emergent theme in many conversations was that DFV was one factor in a much larger cycle of intergenerational trauma and disadvantage:

The safety and mental health issues of young people living in Coffs Harbour are compounded by intergenerational trauma; the parents of young people do not feel supported, and may experience anxiety around the ongoing provision of food and shelter for their family.

Kempsey participants felt that intergenerational trauma also affected mental health, drug (particularly Ice) and alcohol use, youth unemployment and homelessness.

The Nambucca community felt that disadvantage was allowed to self-perpetuate because "... the service system is inconsistent and uncoordinated".[24]

Coffs Harbour participants aspired to decrease the number of young people presenting with suicidal tendencies, eating disorders and anxiety symptoms. Kempsey participants recognised a need for trauma-informed practice and workforce development.

Programs need to be collaborative across the sector and focused on community healing.

Community conversation group, Kempsey, March 2017[23]

Another aspiration for the Kempsey community was greater accessibility of open, family-friendly spaces. [21] Without reliable means of transport, access to such spaces was limited, which compounded the overcrowding and drug and alcohol use problems. These issues could affect the emotional wellbeing of children, families and adult workers alike.

Right now there are high crime rates, a lot of DFV, and a lot of people are not safe at home.

Participant, Community conversation, Kempsey, March 2017[23]

Institutional response

Many conversation participants saw limitations in the responses of institutions to DFV and associated factors that hindered progress.

Institutional resources seen to be lacking included:

- crisis accommodation options and safe intervention spaces for vulnerable people
- specially trained police domestic violence units
- an effective crisis response plan to help women and their children leave a domestic violence situation[24]
- capacity to address DFV at the local community level
- opportunities for perpetrators to engage in change
- skilled staff to work with women, men and children.

The Port Macquarie conversation group hoped to build a safer community, first by developing common domains and strengths among workers:

Greater variety of collaborative partnership and professional development opportunities will help us to improve young peoples’ safety and family cohesion. For early intervention programs to work in our community, we will need to work harder engaging parents in the programs.

Community conversation group, Port Macquarie, March 2017[23]

Participants considered some institutional practices to be unhelpful, including:

- a growing trend towards non-gendered definitions or descriptions of DFV
- the inconsistent recognition of intimate partner violence by some counsellors or mental health workers
- a DFV helpline restricted to dealing with partner violence, not sibling or parental violence
- blurring of child protection and DFV mandates.

Women were expected to take children out of an abusive home; by comparison, men’s responsibilities were not considered.

- police not believing reports of DFV and not acting consistently when they attend potential DFV situations. This could lead to women mistrusting police and fearing repercussions of reporting DFV
- referrals of men to anger management programs. The services couldn’t meet demand, furthermore there was evidence that these programs could be ineffectual for DFV
- general housing and family support services taking on service delivery that requires a specialised response
- transient services and funding, which meant that clients had to repeat their story for each new service accessed. They believed the service system was not responding to the risks and real danger for children in contact disputes and when violent relationships ended.

Coffs Harbour participants called for basic life skills training programs to run in schools for children, and in the wider community for families and for children disengaged from school. DFV had been cited as the most obvious explanation for why some children were not attending school.[22] They also felt that employers in their region may not be aware of the social and economic impact of their non-participation in addressing DFV.

Opportunities

Participants felt community-led solutions were a good starting point for genuine change in relation to addressing DFV.

Suggested opportunities included:

- raising awareness and increasing education across the broad community, as well as targeted programs with youth, schools and workplaces
- increasing access to behaviour-change programs for perpetrators of DFV
- developing prevention programs in primary schools, covering attitudes towards women and girls
- exploring options to allow mothers and children affected by DFV to heal in their community
- continuing programs that work with children experiencing DFV – understanding that their experience must be validated directly (not just through their mothers) and that their experience of DFV often does not end when a relationship ceases
- supporting community champions to act as ambassadors and change makers.
4.3 Health

In 2015–16, an Australian Bureau of Statistics survey found that, across the country, 23% of people reported waiting longer than they felt was acceptable for an appointment with a medical specialist.[25] Furthermore, 20% of respondents reported one or more occasions when they could not see their preferred general practitioner (GP).

Access to medical practitioners was poorer in regional and remote areas than in cities. For instance, 31% of inner regional Australians and 30% of outer regional or remote Australians reported needing but not seeing an after-hours GP, compared to only 20% of major city dwellers in Australia.[26] A higher proportion of remote (32.6%) or inner regional (28.6%) residents than urban area residents (18.3%) reported that their main reason for visiting an emergency department was that a GP was not available when required.

The important topic of community health was mentioned frequently in the community conversations. Health touches on a range of social issues related to the social determinants of health and wellbeing. For example, the availability of affordable and reliable public transport affects health accessibility. Private transport was not a viable option for many people on low incomes, such as aged or disability pensioners, people who live in social housing and new migrants. Reliance on public transport in geographically distributed communities can be a barrier to accessing health services. Australians on low incomes can also have a disproportionate burden of health issues[26–27], although an exact explanation for this link is a matter for future research. One Australian study suggested that the ‘one-size-fits-all’ model that assumes service delivery should match health needs was too simplistic to accommodate socioeconomic determinants of health.[26] Health care demand and access

In the 2017 Regional Social Profile survey, 42% of respondents reported having a physical health condition, and 34% reported having a mental health issue (see Appendix A3, Figure 8). Of those reporting a physical health issue, over half said that their condition affected them some or most or all of the time.

Drug and alcohol misuse, ageing, mental health, family violence and cancer, in that order, were the top five health issues identified in LGA health check surveys carried out by the North Coast Primary Health Network in 2016 (see Appendix A3, Figure 9). Drug and alcohol misuse was the biggest perceived health concern everywhere except Port Macquarie–Hastings LGA, where 72% of survey participants found ageing issues most concerning (whereas 55% were most concerned about drug and alcohol misuse).

People’s concerns about health-related issues are a guide to which services are in high demand. Demands on the regional health sector were concerning for several reasons, including the wellbeing and thus long-term retention of health provider staff and volunteers. One high-level metric that reflects relative demand for services is hospitalisation rates per 1,000 residents.

Hospitalisation rates

In general, the MNC LGAs had higher hospitalisation rates than the average for NSW (see Appendix A3, Figure 10). Kempsey had the highest hospitalisation rates of the region since 2011–12, although they were declining. Rates increased slightly in Coffs Harbour, MidCoast and Port Macquarie–Hastings from 2012–13 to 2015–16.

Indigenous hospitalisation rates were higher than the rates for non-Indigenous people, and this is discussed further in Chapter 4.7. Hospitalisation rates in 2016–17 were distributed relatively evenly between the top ten categories, of which dialysis was the leading cause of hospitalisation both in the MNC LHD (see Appendix A3, Figure 11) and the state (but at a rate less than one-tenth that of Indigenous people).

Dialysis was the most common cause of hospitalisation for the whole population at over 40 hospitalisations per 1,000 people (MNC: 47 per 1,000; NSW: 43 per 1,000). Dialysis was cited in over ten percent (14.3%) of all hospitalisations in the MNC LHD. The rate of hospitalisation was higher in the MNC LHD than the state for nine out of the top ten categories of cause.[51] The high regional dialysis rate may be due to two factors: the MNC’s generally ageing population and its relatively high proportion of Indigenous people.

Access to services

Nearly two-thirds (65.4%) of the people surveyed said that if they needed to access a local service, they would have no trouble finding relevant information. The remaining respondents either disagreed with the statement (17.6%) or were ambivalent (17.0%). Interestingly, about the same proportion of people agreed (42.9%) as disagreed (40.1%) with the statement that “It is easy to travel between townships in the wider MNC region”.

NCPHN’s health checks showed that people perceived a number of barriers to accessing health services (see Appendix A3, Figure 12). Many people faced long wait times to access services, especially in Nambucca (46.0% of sample agreed). The biggest concern reported overall was difficulty or failure to secure an appointment with a GP. Overall, cost seemed to be less of a concern in the MNC LGAs relative to the overall NCPHN. Transport was voted as a barrier to GP access by 11% of Nambucca respondents.

Health check participants found it harder to get access to a specialist than a GP (see Appendix A3, Figure 13). For example, long wait times were cited as a barrier by between 62% (Coffs Harbour) and 69% (Port Macquarie) of those surveyed. Two transport-related concerns reported were travel distance, and to a lesser extent, lack of accommodation. A lack of local specialists was a particular issue in Kempsey. While GP service cost was a concern to 27% of residents in the NCPHN region (see Appendix A3, Figure 12), costs associated with seeing a specialist was concerning to 57% of residents.

Access to allied health workers was most affected by cost (although less so in Kempsey) and Medicare not covering enough sessions (see Appendix A3, Figure 14). Long wait times were seen as a barrier to accessing allied health services, but less so than for seeing a specialist. Travel distance was more of a concern to those living in rural and regional areas of Nambucca (47.6%), Bellingen (39.2%) and Kempsey (30.7%) than those living in the more populated areas of Coffs Harbour (12.9%) and Port Macquarie (8.7%). Lack of local workers was also more often reported in the three rural areas (Bellingen: 39.2%; Nambucca: 36.6%; Kempsey: 34.7%) than in Coffs Harbour (22.0%) or Port Macquarie (17.4%).

Community strengths

Trusted health services

As well as community groups and leaders, certain health services and agencies were seen as strengths in the MNC region. For example, the Kempsey community said that they trusted local Aboriginal medical and support services to enact positive change for Kempsey communities.[25]

Local government

Local government’s commitment to advocating and driving local community’s access to health services was seen as an encouraging factor; for example, their campaigning to upgrade local hospitals. The Port Macquarie conversation group identified a number of factors that were already improving health outcomes, including free council-provided activities, and beautiful parks and natural environment.[25] The provision of free outdoor leisure activities was seen as key in the holistic approach to health.

We want [people] to feel part of a vibrant, healthy and happy community – a community of connected families and people who are not afraid to talk to each other. There needs to be quicker access to a broader range of services.

Community conversation group, Port Macquarie, March 2017[25]

Selected health strategies from each MNC LGA’s community strategic plan are presented in Appendix A3, Table 7 summarises local health strategies. Here,
TBC means ‘to be confirmed’. It means that local government has agreed to participate, but their exact role is yet to be specified.

Transport initiatives

Although access to health care was an ongoing concern, transport initiatives were in operation across the region. In 2015, the Council of Social Service, NSW Cancer Council and the Transport and Infrastructure Council put forward evidence justifying continued investment in the regional community transport sector. Their joint reports led to the development of the National remote and regional transport strategy, which outlines key actions and outcomes for transport services in regional areas such as the MNC.

Community concerns and aspirations

Ability to choose health care

In the Bellingen community conversation, participants noted that individual choice was of great importance to the community in the domain of health and wellbeing. A cited example was home-birthing options – some Bellingen residents felt that health departments could facilitate mothers’ choice to access home-birth services.

Greater and equitable access to services

Participants in the community conversations expressed an aspiration for greater accessibility to local health, recreation and child care services. This was seen as important, because many families travel across LGAs to access health services. Community Transport organisations have funding to operate regional posts in each of the LGAs, but these rely on volunteers and subsidised client contributions.

In addition, participants wanted service provision to be equally distributed across townships within LGAs (such as the postal areas, see Chapter 3). However, it is not necessarily feasible to provide all local health services throughout every LGA. Thus, the community conversations identified an aspiration for reliable transport to and from services.

Young mothers are particularly prone to not making appointments because of transport issues.

We believe that improving children’s service accessibility and equity will promote a ‘level playing field’. To achieve this goal, we would need to improve our transport system so that more children from disadvantaged backgrounds can access services more easily.

Families need to exercise and use parks.

Opportunities

Community conversation participants suggested various ways of improving health and support service accessibility across the region.

Suggested opportunities included:

• increasing funding for community transport schemes to help address the service access difficulties of isolated or disadvantaged MNC families
• exploring home therapy options that will help families experiencing transport difficulties to connect with support services
• increasing telehealth service options, and working with clients to ensure they can access online services confidently, especially as the NBN rolls out.
4.4 Mental health

Of all Australians with a disability in 2015, 19% had a psychological disability according to the Australian Bureau of Statistics’ Survey of disability, ageing and carers.[54] This amounts to about 823,000 people (roughly 4% of the Australian population), and represents a 3% increase from the 2009 statistic. About 60% of those with a psychological disability classified their disability as profound (37.6%) or severe (21.9%). A larger survey from 2008 revealed that almost half of all Australians (45%) have had a mental disorder at some point in their life. TM8 Overall rates of psychological disability were similar for females and males, though specific mental illnesses may be more common in one or the other gender.[53] For instance, substance abuse disorders were twice as common in men (7.0%) as in women (3.3%).[56]

A national study in 2012 found that people with psychological disability were over seven times as likely to be diagnosed with dementia (including Alzheimer’s disease) and over four times as likely to be diagnosed with autism than people without.[24]

The study suggested that Australians with mental illness were disadvantaged across a range of social and economic factors. The vast majority (95.1%) of individuals with a psychological disability reported needing assistance or experiencing difficulty in at least one of the broad activity areas of everyday life. TM8 The study also found evidence of reduced education and employment participation for people with such disabilities.

Depression, suicide and self-harm

Mental health was an issue of concern to 52% of survey participants in the North Coast PHN (see Appendix A3, Figure 9). Also, over a third of 2017 Regional Social Profile survey respondents in the MNC LGAs reported having a mental illness (see Appendix A3, Figure 8). Half of those respondents said they were affected some or most or all of the time by their illness.

Data available from the North Coast PHN and NSW Health demonstrate that depression and suicide were a serious mental health concern for the region. Compared with NSW as a whole, the North Coast PHN had:

• close to double the rate of self-harm hospitalisations: 255 per 100,000 people compared with 123 per 100,000 across the state in 2016[55]

• the highest psychological distress rate: 15% of people aged 16 years and over[54] compared with 12% across the state. Psychological distress is a basic, self-reported indicator of a community’s mental health concerns

• the highest rate of suicide deaths: 17 per 100,000 people, which was significantly greater than the statewide rate of 11 per 100,000.[17]

Furthermore, the North Coast region had four of the ten statistical local areas with the highest rates of mental health treatment plan preparation in Australia – the absolute highest rate belongs to Coffs Harbour, where an estimated 7,427 plans were prepared for every 100,000 people.[49]

Within the MNC LHD, young people aged 15–24 had over twice as high a risk of self-harm hospitalisation than did people of all ages.[46]

Within the PHN, the rate of self-harm hospitalisations measured by the North Coast PHN was highest in Kempsey (312 per 100,000[59]), and lowest in Nambucca (133 per 100,000)[60] (see Appendix A4, Figure 15).

The 2015–16 rate of self-harm hospitalisation in Kempsey (277 hospitalisations per 100,000 people) was more than double that of the state (135 per 100,000).[63] Coffs Harbour and Bellinger have had decreases in intentional self-harm hospitalisation rates since 2012–13, whereas Port Macquarie–Hastings’ rate had increased since 2011–12.

Nambucca’s rate roughly tracks the NSW average and was the lowest MNC rate overall in 2015–16 (112 hospitalisations per 100,000 people).

Barriers to accessing treatment

As mentioned in Chapter 4.3, there were many barriers to accessing health services in the region. More specifically, psychiatrists, neurologists and paediatricians were rated as hard or very hard to access by a larger percentage of the Coffs Harbour population than the wider NCPHN region.[23] Further, psychologists were rated as hard to access by over 30% of Coffs Harbour LGA residents.

Someone with a mental health concern may feel shame or stigma speaking with a professional in a face-to-face appointment. Research has shown that 30% of the North Coast community (which includes the MNC community) considered their negative past experiences to be a barrier to seeking mental health assistance; 24% felt that stigma or shame was a barrier, and 19% worried about a lack of confidentiality.[29]

Community strengths

North Coast Primary Health Network (NCPHN) have developed a mental health reform discussion paper for our region[52]. In the paper, Coffs Harbour and Nambucca LGAs are priorities for primary mental health services. The target demographic of such services include people with complex mental illness who are being managed in a primary care setting. Greater provision of psychological services in Port Macquarie and Kempsey is planned, to target underserviced groups who live in those regions. NCPHN are also proposing to fund early intervention services for at risk children and young people in Bellingen and Nambucca.

In terms of community input, the Port Macquarie residents said that workers in local mental health and social services (e.g. psychologists) help to build the resilience of their community.

Community concerns and aspirations

Intergenerational trauma

Intergenerational trauma magnifies the safety and mental health concerns affecting Coffs Harbour’s young people.[21] The parents of young people expressed they did not feel supported, and could experience anxiety when seeking to provide their family with food and shelter. It was commented that “a lot of time is spent taking parents to appointments”, which suggested that the effectiveness of these programs was affected by the demand for parental intervention services. Further, because some parents were disengaged with parenting, due to the difficulty of coping with substantial family issues, an increasing number of grandparents were taking parental responsibility for young people.

Intergenerational trauma among Coffs Harbour families is a serious concern, because it is cyclic: children and parent’s mental health is associated with anger and disengagement from services; which leads to drug and alcohol abuse; which increases the risk of DV; which amplifies pre-existing mental illness.

Community conversation group, Coffs Harbour, March 2017[23]

Mental health is a by-product of intergenerational trauma.

Community conversation group, Port Macquarie, March 2017[23]

Access to services

Concerns raised about high rates of poor mental health were compounded by the fact that access to mental health treatment was difficult – or perceived to be difficult – across the MNC region. Seventy-one per cent of the community who had tried to access mental health services found it difficult or very difficult in the NCPHN region.[24]

One person in the Port Macquarie community conversation reported that it was very difficult to access specialist mental health services.[21] Where professional services were lacking, young people must rely solely on family support. According to one Port Macquarie participant, people come in to use a service with little hope that the service will really help them.

In the Coffs Harbour community conversation, participants stated that mental health services were difficult to access.[23] One comment was that “Coffs Harbour has outgrown the hospital”, and that there was “no mental health hospital in Coffs for children.” Mental health disengagement was linked to perceptions of a large socioeconomic divide among families in Coffs Harbour, and associated issues of youth unemployment, DV, and drug and alcohol abuse. These factors had led to increased numbers of young people presenting with suicidal tendencies, eating disorders and anxiety symptoms.
Family breakdown
Reduced family networks was a salient concern for communities in the Port Macquarie–Hastings area, particularly in terms of their impact on young people. The effects observed included childhood mental health conditions (e.g. anxiety), early exposure to drugs and DFV. A history of poverty and trauma in a young person's family was seen to compromise that person's chances of healthy development across the lifespan. Furthermore, Nambucca conversation participants said that violence in the community leads to homelessness and increased demands on the local mental health system.24

There are vulnerable people in the community, who are more likely to be affected by the issues identified. Building a more unified, inclusive community will bolster young people’s resilience and confidence towards accessing help.21

The general theme of mental health was prominent within each community conversation. For instance, the Bellingen group reported that more grandparents were becoming carers of young people. Participants reasoned that parents were faced with mental health conditions, were transient, or do not know how to seek help with certain issues (i.e. homelessness and DFV).

We want a community in which parents are engaged with and feel that they can trust local family services.
Community conversation group, Bellingen, March 2017[21]

Opportunities
Opportunities to improve general health service accessibility across the MNC will also apply to improving mental health services.
Opportunities to improve mental health suggested by our community included:
• increasing awareness of mental health services available through an online service directory
• increasing telehealth service availability, which may help people overcome feelings of shame about their mental health concern from accessing a service in person
• ensuring local university graduates in psychology, counselling and mental health programs are well prepared for careers in mental health in the context of the needs of MNC communities.

4.5 Substance use
Legal and illegal substance use can have detrimental economic, health and social impacts on society, particularly in rural and remote areas.

Of particular concern were:
• alcohol
• tobacco
• illicit drugs, which include:
  • illegal drugs (e.g. marijuana, cocaine)
  • misused pharmaceuticals (e.g. over-the-counter or prescribed pain relief medications)
  • misused psychoactive substances (e.g. glue, petrol or other inhalants).24

Alcohol
Lost productivity due to alcohol abuse in Australia was over $6 billion in 2010[25]; this amounts to about $250 million in lost productivity across our region.

Health impacts of alcohol were significant in NSW:
• In 2015–16, more than 13,600 emergency department presentations were attributed to alcohol problems – the majority of these presentations were by male drinkers (62.6%).

• Alcohol abuse accounted for about 1% of hospitalisations of people aged 15 or over (26,639 hospitalisations in 2014–15)[26, 27], and about 2.6% of all deaths (1,289 deaths in 2013)[28, 29].

• Harmful drinking rates were highest for young people (aged 16–24) and lowest for people aged 65+.[74] Young people were hospitalised for alcohol-related injury at a rate that was double the total population rate (15–24 year-olds: 2.2%; all ages 15+: 1.1%).[75]

• Long-term health risks associated with excessive drinking included mental health conditions (e.g. alcohol dependence, depression, and cognitive impairment), cardiovascular issues (e.g. high blood pressure and cardiomyopathy), and a wide range of cancers (e.g. liver, colorectal, breast, and oesophageal) and other chronic diseases (e.g. cirrhosis and hepatitis).[76]

An encouraging sign was that nationwide drinking rates had declined over the last decade, particularly for young people[77]:
• People aged 14 to 24 years were beginning to drink later in life, with the age of initiation rising each year from 2001 (14.7 years old) to 2016 (16.1 years old).[73]

• The proportion of people aged 14 or over who chose to abstain from alcohol had also risen every year from 2004 (17%) to 2016 (23%).

However, the NSW Chief Health Officer’s report warned that: “people living in regional and remote areas are more likely to drink alcohol at harmful levels.”[78] People in the MNC region were concerned about alcohol consumption (see Appendix A3, Figure 9). In the MNC LHD, 36% of the people interviewed in a study published in 2017 reported alcohol consumption levels classified as a long-term risk to health.[79] This was higher than the figures for Northern NSW (32%) and Hunter New England (33%) local health districts, and higher than our peri-urban comparison region (Central Coast LHD: 33%) and NSW overall (30%).

The rates of alcohol-attributable deaths in 2012–13 in our MNC LGAs (20–22 cases per 100,000 people, see Appendix A5, Figure 16) didn’t differ significantly from the statewide rate.[75] Nambucca and Kempsey’s rates of alcohol-attributable deaths peaked in 2009–10 (24 and 23 deaths per 100,000 people, respectively), and had fallen since. From 2011–12 to 2012–13 (the two most recent data points), alcohol-attributable death rates decreased in all LGAs except for Coffs Harbour and Bellingen.

Tobacco
Tobacco is associated with serious health outcomes, such as lung cancer. The Australian Government has employed anti-smoking advertisements and plain cigarette packaging in an effort to discourage new
smokers, and the trend is towards lower use[76]:

- In 2016, the rate of people aged 14 or over who reported being a daily smoker (12%) was less than half that in 1993 rate (25%).
- The rate of people having never smoked[4] was higher in 2016 (62%) than 1993 (49%).
- Since 1995, the age of starting tobacco use has risen about two years for people aged 14 to 24; it stands at 16.6 and 16.0 years of age for young male and female smokers, respectively.

Perhaps most dramatic was the improvement in outcomes around children’s exposure to environmental smoke:

- In 2016, 3% of households with children aged 14 or younger were exposed to someone smoking inside the home, which was small compared to the 31% of households in 1995.
- In 2016, 72% of households with children had no one who smoked (either in the home or outside), a 20% increase since 1995.

Despite these encouraging trends, people who live in regional or remote areas were 1.7 times as likely to smoke as people who live in metropolitan areas.

**Illicit drugs**

Since 1985, the Australian Government has been developing strategies for preventing or minimising harm associated with illicit drug use. [77] Nevertheless, illicit drug use and associated disorders represent an increasing proportion of the global burden of disease. [77] In Australia, illicit drug use overall has dropped significantly in recent times, with the exception of misuse of pharmaceuticals.[84] [78]

Between 2010 and 2013, lifetime misuse of pharmaceuticals in Australia rose by 4%, over three percentage points higher than the next highest rate (cocaine: +0.8%). [78] This large increase causes measures of the overall rate of change in illicit substance use to shift from negative (-0.5% for illicit drugs excluding pharmaceutical misuse) to positive (+2.0% for all illicit drugs). Use of recreational and party drugs, such as ecstasy, hallucinogens (e.g. LSD, ‘magic mushrooms’), ketamine and GHB, has increased only slightly over the three years (+0.1% to +0.6%). Meth/amphetamine (e.g. Ice) and inhalant use rates did not change significantly over this period, while rates of heroin and marijuana/cannabis use dropped (-0.2% and -0.6% respectively).

Concern over illicit use of pharmaceutical drugs has prompted authorities to class codeine as a prescription-only drug from July 2018. From 2000 to 2009, the annual rate of codeine-related death more than doubled to nearly nine cases per million. The great majority (83.7%) of these deaths were the result of mixing codeine with other substances, and accidental deaths were about 41% more common than intentional deaths. [79] High rates of prior mental illness, substance use and chronic pain were strong predictors of codeine-related death.

While lifetime meth/amphetamine use rates are stable at the national level, use varies substantially across regions; greatest levels of harm occurred in regional areas. In NSW, about 104 people per 100,000 were hospitalised for meth/amphetamine use in inner regional areas, compared to 76 people per 100,000 major city dwellers. [79] The number and rate of meth/amphetamine-related hospitalisations had increased every year since 2009–10, especially for inner regional communities.

The widespread availability of Ice has been related to increasing violence in society. [80] The prevalence of Ice use was related to numerous factors, such as lack of education and support services, its inexpensive production, and other socioeconomic factors (e.g. housing affordability, which leads to overcrowding or homelessness).

The underlying theme common to these issues was intergenerational trauma, which is concerning because trauma:

- is difficult to address effectively
- is a strong predictor of other serious issues (poor education outcomes, risk of heart disease, etc.)
- affects a wide spectrum of people from the community.

**Community strengths**

The MNC LHD operates a range of alcohol and drug services for our communities to access. [81] In Coffs Harbour, these are offered at the Mental and General Well Being Care Centre at the Coffs Harbour Health Campus. Initial intake is over the phone, with a dedicated line for individuals seeking cannabis rehabilitation. Services at the Coffs Harbour Health Campus include:

- assessment
- home and outpatient withdrawal management
- medical consultation
- early intervention program
- outpatient counselling
- education and information
- opioid treatments and case management
- inpatient consultations
- cannabis clinic
- drugs in pregnancy services.
In addition, workers provide outreach to other MNC locales (i.e. Bellingen, Dorrigo, Macksville, Nambucca and Woolgoolga) for people seeking drug or alcohol services who are unable to travel to Coffs Harbour. The Coffs Harbour Drug and Alcohol Service also links to community-based NGOs and Aboriginal medical services to facilitate improved alcohol and drug rehabilitation outcomes for all MNC consumers.[81]

The Alcohol and Drug Foundation is a nationwide NGO that supports community drug action teams throughout NSW.[82] These teams comprise volunteers who elect to work in a specific local area, focusing on youth engagement and parent education campaigns. Team projects are designed to curb alcohol and drug use, and associated violence and crime. Across the MNC, the Alcohol and Drug Foundation so far supports the following dedicated teams:

- **Bellingen–Dorrigo team.** Partners include Bellingen Rotary Club, NSW Police, and Coffs Harbour Drug and Alcohol Services.[83] On 23 March 2016, Bellingen Shire Council hosted a community forum in Bellingen run by the Bellingen–Dorrigo team about crystal meth/Ice.

- **Bowraville team.** Established in 2008 by Regional Development Australia MNC.[84] The team sponsored a community market in Bowraville township.

- **Coffs Harbour (Gumbaynggir Youth) team.** According to the Alcohol and Drug Foundation’s website, the team are partnered with Galambila Aboriginal Health Service.[85] Mid Coast Communities has responded to the identified issue of Ice (methamphetamine) use in regional areas by forming a taskforce with NGOs, government agencies, community groups and individuals.[86] One of their objectives is to work collaboratively with existing networks, including the Coffs Harbour community drug action team, and the NCPHN.

- **Greater Manning and Myall Lakes team.** Active as a cluster team across the Gloucester, Great Lakes and Greater Taree areas.[82] According to Manning Valley Neighbourhood Services[85], the Taree branch of the team has previously focused on the following activities:
  - safe environment and prevention activities (e.g. drug and alcohol free events)
  - drug information and education (e.g. community forums and information expos)
  - information gathering and research (e.g. local drug and alcohol services business card listings)
  - projects that bring community members together.

- **Hastings team.** Hosted a family fun day in 2015 designed to provide the community with opportunities to access information and education about specific drugs and alcohol, have a health check, find out more about local services and speak to qualified health professionals.[87]

- **Maclean Valley team.** Ran community events at the 2017 National Aborigines and Islanders Day Observance Committee Week. Burrun Dalai family fun day in Kempsey.[82]

- **Valla Beach team.** Partnered with the Valla Beach Community Association, the team run free community events in the Valla Beach area, and sponsor the Valla Beach Community Markets.[82]

Adele House is an NGO-operated addiction rehabilitation service.[88] The service targets men who are homeless or at risk of homelessness. On the MNC, there are two Adele sites, both within the Coffs Harbour LGA: Moonee campus and Bucca campus. The Moonee campus is a Stage 1 facility, being a core residential rehabilitation program, and is “the main administrative and program hub of Adele’s operation”. The Stage 2 Bucca campus focuses on getting ready for work and obtaining a job. The Moonee campus admitted over 140 clients in 2015, which is about ten times as many clients admitted to the Bucca campus.[89] Therefore, we present statistics for the Moonee campus only.

Nearly a quarter (23%) of all intakes were self-referred to this facility; however, the bulk of referrals were court-ordered (46%), referred as part of probation and parole conditions (13%), referred by another agency (10%), or referred early by a magistrate (8%). Adele’s rehabilitation service, providing recovery and relapse prevention support via therapy (individual and group), and training in physical fitness, living skills, work skills, and return to employment and independent living, is surely a strength for the MNC community.[90]

Sherwood Christian Rehab Centre – a family-run, inter-denominational fellowship affiliated with Coffs Harbour Baptist Church – is another community-based rehabilitation service.[91] The service operates as a work farm at Glenreagh, north-west of Coffs Harbour city. Staff who live permanently at the farm run two specific programs: one for single men and married couples, and another for single women. The fellowship had established the Sherwood Cliffs Christian Community School in 1983, to offer education to the children of rehabilitation clients, but the school is not currently registered. Finally, in Kempsey LGA, Benelong’s Haven offers programs to Aboriginal men, designed to treat all forms of addiction.[92]

Community concerns and aspirations

A major concern raised during the Kempsey and Port Macquarie conversations was that violence was worsening due to the widespread availability of methamphetamine, particularly Ice.[23, 24]. In Bellingen LGA, community conversation participants raised the concern that community-based rehabilitation may not be as effective as government-funded services and programs:

> How do we balance up having a community that looks after one another and having access to services that are meeting community needs? When there was a youth (13–15 year-olds) smoking dope there was a lack of available services in the community for drug and alcohol services – the community was creative about the responses to this and got a good result but this may not have been as successful.

Participant, Community conversation, Bellingen, March 2017

Opportunities

Several strategies to address substance use have been offered by the MNC community. These include:

- nominating “community champions” to drive change
- providing more places at rehabilitation communities such as Adele House
- putting on more free entertainment and events for young people to encourage their participation in local community.
4.6 Culturally and linguistically diverse communities

People from diverse cultures and language groups make up Australia’s population. In 2016, about 29% of Australia’s resident population were born overseas (almost seven million) and of the 1,660,900 people aged 15 or over who migrated to Australia in the last decade (including temporary residents), 27% migrated from southern and central Asia, 20% from north-east Asia, 16% from south-east Asia and 16% north-west Europe.[43] These recent migration figures do not include humanitarian migrants, which include refugees and asylum seekers. Australia had the third largest intake of refugees admitted for permanent resettlement through the United Nations High Commissioner for Refugees in 2015, but the country only ranked 25th overall in terms of the number of refugees who were resettled or had their status recognised.[44] In 2016, about 27,600 refugees were rehomed in various locations across the country,[45] which was a nearly threefold increase on the 2015 statistic (9,400).[46] In 2016, Australia had 42,188 refugees and 29,590 asylum seekers pending cases (total 71,778)[47], an increase of 25% from the previous year’s total.[48]

Unfortunately, studies have found barriers to integration and inclusion in Australia:

- Around 10% of adult Australians believed that some races are superior or inferior to others.[49]
- Racial or religion-based discrimination was most common in Australia’s neighbourhoods where residents attribute declining community safety to increased cultural diversity.[50]
- Many recent migrants had experienced difficulty securing work in Australia, with 16% citing difficulties having their skills or qualifications recognised.[51]

CALD status, migrants and racism

People are considered to have CALD status if one or more of the following apply:

- They were not born in Australia.
- Their first language was not English.
- They belong to a cultural or spiritual minority in Australia.

The 2017 Regional Social Profile survey provided some general insight regarding the composition of CALD families who live on the MNC (see Appendix A6, Figure 17). Approximately one-third of respondents indicated a CALD status for themselves or their parents. Of these respondents:

- About half (51%) had CALD status themselves, while 48% of their mothers and 81% of their fathers had CALD status.
- Almost two-thirds (65.0%) were born in a country other than Australia.
- Fifteen per cent reported that their primary language was not English.
- One-fifth (20%) reported that their cultural or spiritual background was a minority in Australia.
- About the same percentage of respondents’ CALD mothers (71.1%) and fathers (73.4%) were born outside Australia.

Languages

Census figures from 2016, which were a more reliable measure of the overall MNC population than the survey, showed that 3.8% of the population identified as a speaker of a language other than English (LOTE). This was similar to the Northern Rivers (3.8%) but lower than the Central Coast (5.8%).[52]

Nearly half (47.0%) of the LOTE speakers lived in Coffs Harbour LGA, and about a fifth each lived in Port Macquarie–Hastings (20.4%) and MidCoast (20.1%) LGAs. Coffs Harbour also had the highest rate of LOTE speakers as a proportion of the population (7.5%).

Overall, English was the dominant language with 89.0% of the MNC population speaking only English at home. (A further 7.2% of respondents did not say what language they spoke).

Within the MNC region, the five most prevalent LOTE spoken at home were Punjabi (459 per 100,000), German (306 per 100,000), Spanish (190 per 100,000), Mandarin (183 per 100,000) and Italian (176 per 100,000) (see Appendix A6, Figure 18).

Migrants

The MNC stood out against neighbouring regions in terms of its migrant intake (see Appendix A6, Figure 19). From 2007 to 2017, the MNC took in fewer family or skilled migrants than did Northern Rivers and Central Coast, but many more humanitarian migrants. Overall, total MNC migrant intake was about half that of the peri-urban Central Coast region.

Within the MNC, Coffs Harbour had the third highest population of the MNC LGAs,[53] but the highest intake of migrants between 2007 and 2017 – over twice as many as Port Macquarie–Hastings, the LGA with the next highest intake (see Appendix A6, Figure 20). Of note, virtually all of the 1,245 humanitarian migrants counted across the MNC had settled in Coffs Harbour. In fact, Coffs Harbour had 21 times as many humanitarian migrants as Central Coast LGA, despite having only 21.9% of the population size.[54]

Attitudes to race

University of Western Sydney conducted a study of racism across Australia.[55] In applying their results to our region, we must keep in mind three caveats:

- Their regional surveys were quite old (from 2001) and attitudes may have changed since then.
- Two of their defined regions didn’t quite match ours. For instance, they defined the MNC by including Clarence Valley and excluding Gloucester and Great Lakes LGAs.[56] The region they defined as Northern Rivers excludes Clarence Valley LGA.[57] Their definition of the Central Coast region coincides with ours,[58] Their definition of the Central Coast region coincides with ours.[59]
- Response rates differed substantially between regions (144, 91 and 74 respondents from MNC, NR and CC, respectively) which means sampling bias may partially contribute to apparent differences in racist attitudes.

With those limitations in mind, residents in the MNC and the Central Coast responded with high levels of racist attitudes compared to the state and, even more so, the country (see Appendix A6, Figure 21). At the national scale, the proportion of MNC respondents expressing racist attitudes was 38% greater than for respondents Australia-wide; this was nevertheless smaller than the level recorded for the Central Coast (+51.1% compared to the Australia-wide sample). In contrast, Northern Rivers respondents had racism rates that were 54% and 23% lower than the state and national samples, respectively.

Closer analysis of the MNC and Clarence Valley region (see Appendix A6, Figure 22) shows that the most common racist attitudes were:

- racism – that there are biology-based differences between people of different races
- anti-Muslim sentiment
- the idea that cultural diversity weakens the nation.

While only 14% of respondents self-identified as...
racist, larger proportions of the sample expressed their dislike for Indigenous (29.9%), Asian (26.4%), Jewish (22.9%) and Italian (17.3%) people. In contrast, anti-British (6.9%) and anti-Christian (9.0%) sentiments were comparatively rare. Forty-three per cent of the sample denied white/Anglo privilege, and 8% denied any racial prejudice.

The 2017 Regional Social Profile survey, which provided additional evidence regarding the potential concerns of CALD communities, gathered 289 residents’ responses to three survey items:

- Twice as many people agreed or strongly agreed (127 people; 43.9% of sample) than disagreed or strongly disagreed (65; 22.5%) that their MNC suburb was “a place of connection between families and cultures”.
- There was less consensus that respondents belong “to a community that celebrates diversity without prejudice” (104 or 36.0% agreed or strongly agreed and 89 or 30.8% disagreed or strongly disagreed).
- Only 20% of those sampled (58 people) agreed or strongly agreed with the statement “Bullying and peer-pressure is not a major concern in the area where I live”. In comparison, more people disagreed or strongly disagreed (95; 32.9%), and almost half of the sample (136; 47.1%) were ambivalent.

The results from the University of Western Sydney study and the Regional Social Profile survey indicate that people from CALD backgrounds who live in Coffs Harbour, to ensure that people of any age could take pride in, and considered connection and inclusiveness to be intergenerational.

While same-sex marriage in Australia became legal within the same year as the youth forum, the percentage of votes against the legislation was higher in the MNC than it was in the Northern Rivers or Hunter regions. Indeed, the young people we spoke with said that lack of acceptance and community connectedness were a major concern in our region. Young people were specifically concerned about acceptance of diversity, and equity for women and LGBTIQ+ people. They believed services should be open to the ideas of young people, and should make more of an effort to establish meaningful connections with them.

They thought that compassion and diversity training for young people and parents would help them to cultivate acceptance across cultures, and across generations.

When I was in primary school whenever I would try to express myself or be individual I would get looked at as if something was wrong with me. It starts that early with the peer-pressure and judgement to conform.

Opportunities

Community conversations suggested a number of ways to support our CALD communities to thrive, including:

- increasing employment and training options specifically for people from CALD backgrounds
- increasing the opportunity to participate in cultural exchange across vibrant MNC communities
- building and sharing an evidence base, administered by regional humanitarian services, on what life is like for humanitarian migrants who live on the MNC
- actively reaching out to CALD communities living in Coffs Harbour, to ensure that people from diverse backgrounds feel confident about where to seek help in the area
- planning and implementing projects in Coffs Harbour that foster learning and acceptance across cultures; for example, exploring the viability of building a Coffs Harbour convention and civic centre, for art and music from different cultures.

Cultural and linguistic diversity was considered important to our youth. One of four emergent themes in the 2017 Youth Futures Forum consultations was “connection and inclusiveness”. The 102 young people who attended the forum in Coffs Harbour aspired for a connected, inclusive community that celebrated diversity without prejudice. They wanted their community to be a place of connection between families, cultures, and remote areas, and wished for a community that truly listened to the voice of Coffs Harbour’s youth. They wanted Coffs Harbour to be a place...
4.7 Aboriginal and Torres Strait Islander communities

Between 250 and 330 Aboriginal languages existed in Australia long before British settlement, though only around 13 of those are spoken by children today. Aboriginal and Torres Strait Islander communities on the MNC include the Gumbaynggirr, Dunghutti, Birpai and Worimi people. This speaks to both the diversity of people living in our region and the need for the wider community to listen to Aboriginal people and their families.

Population and health

In 2016, Indigenous people made up almost 6% of the total MNC population, twice the proportion of Indigenous people in the state as a whole (see Appendix A7, Table 7).

Australian Indigenous languages were not spoken by many MNC census respondents: 74 reported speaking an Indigenous language at home, and a further 62 specified speaking Gumbaynggirr. Australian Indigenous languages ranked as the 34th most commonly spoken LOTE across our region.

In contrast to NSW overall, Aboriginal households in the MNC have higher average incomes than non-Aboriginal households; however, they also have more people living in the same dwelling. Across the state, the Indigenous population was younger than the population as a whole. This difference was even greater in the MNC region, which reflected the fact that the general MNC population was ageing overall more than metropolitan populations. The MNC overall median age was 49 years in comparison to an overall state median age of 38 years (see Appendix A7, Table 7).

Across the region in 2016, nearly half of all Indigenous people were under the age of 20 (8,182 people), and many were aged five to nine years. Across the state, the Indigenous population was younger than the population as a whole. This difference was even greater in the MNC district.

The Indigenous population was smaller than the non-Indigenous population, so fewer Indigenous people attended hospital; however, the standardised rates (hospitalisations per 1,000 people) were much higher for Indigenous people. Within the MNC LHD, the Indigenous hospitalisation rate was estimated as 820 hospitalisations for every 1,000 people in 2016-17; this was more than double the rate for non-Indigenous people (361 per 1,000) (see Appendix A7, Figure 24). Indigenous hospitalisation rates for the Northern NSW LHD, also a regional area, were similar. Both were higher than the NSW total rate, and the rate for the peri-urban Central Coast LHD.

In 2016-17, dialysis was by far the most common cause of Indigenous hospitalisations in the MNC LHD, with an extremely high rate of 398 per 1,000 people (see Appendix A7, Figure 25). Over a third (36.2%) of Indigenous hospitalisations were for dialysis, which is close to triple the percentage of non-Indigenous hospitalisations for the same cause. Together, the ten most common causes account for four fifths (81.7%) of all Indigenous hospitalisations in the MNC district.

Community strengths

Local Aboriginal history and a shared sense of culture were considered a strength of Nambucca communities. There was also a strong sporting culture across the region, and a multitude of community events that foster inclusiveness among families and neighbourhoods. The community conversations participants believed that Nambucca and Bellingen’s regional and rural settings equated to a safer, less violent environment than would be found in the city.

The Coffs Harbour community conversation group also acknowledged the strength of the Gumbaynggirr nation, and the progress they have made towards regaining the language native to the Galambila (Coffs Harbour) area. Coffs Harbour hosts a range of inclusive, family-friendly events, including the Saltwater Freshwater Festival.

In terms of local services, Nambucca and Bellingen participants felt that the ones currently in operation were sufficient to accommodate the community; however, participants wanted more consultation with Aboriginal health workers and Aboriginal families. It was acknowledged at the community conversation that, collectively, Nambucca and Bellingen communities approach challenges in a strength-based way, which leads to a robust and shared resilience.

The fact that there is an Aboriginal Medical Service is a strength in itself.

Participant, CFI Community conversation, Nambucca-Bellingen, June 2017

Community concerns and aspirations

A lack of acceptance and understanding of Indigenous communities by non-Indigenous people was identified as a barrier to community connection in the Nambucca, Kempsey and Port Macquarie community conversations.

Intolerance was also seen to extend to people of other races, generations, genders and sexual orientation. The Nambucca participants want a community that accepts all cultures and is connected to kin and country.

It was highlighted during the Kempsey consultation that the community should be more accepting of young parents, and of Aboriginal people. There was a general call for the community to work cohesively, towards a greater sense of connection across cultures. One person noted a relative absence of Aboriginal young people engaged in local employment.

It was suggested that a Coffs Harbour convention and civic centre could be used to organise Gumbaynggirr cultural exhibits.

We would love to see a huge space, where Gumbaynggirr people are represented very strongly, as are the arts, etc. – a huge space where artists and cultural groups travelling up and down the coast can come and present their work.

CFI Community conversation, Small group 1, Coffs Harbour, June 2017

Opportunities

The lives of Indigenous people in the MNC region are likely to be improved by many of the suggestions relating to health, families, housing, employment and education.

Suggested opportunities to improve Aboriginal and Torres Strait Islander communities in particular included:

- increasing employment and training options for Aboriginal people
- facilitating Indigenous culture sharing and understanding, such as Gumbaynggirr cultural exhibits in a possible Coffs Harbour convention and civic centre.
4.8 Affordable housing and homelessness

In December 2017, the NSW Premier announced 12 priorities for tackling important issues for NSW residents. The priorities include (1) making housing more affordable[115], and (2) reducing youth homelessness[116]. These priorities were related to the NSW Government’s sustainable social housing target, “To increase the number of households successfully transitioning out of social housing by 5% over three years.”[117]

At the state level, the Australian Bureau of Statistics revealed that in 2016[118]:

- nearly half (46.0%) of all people in supported accommodation for the homeless were younger than 25; of those, 41.8% were children (0 to 12 years).
- homelessness among women and girls tended to occur at young ages: 46.4% of homeless people under the age of 25 were female compared with 39.8% of all homeless people.
- almost half (48.0%) of people living in crowded dwellings were younger than 25; of these, a third (32.4%) lived in dwellings requiring four or more additional bedrooms.
- almost one-fifth (18.6%) of people living in improvised dwellings (e.g. tents) were younger than 25; of those, 45.8% were children (0 to 12 years).
- almost 20% (18.4%) of people staying temporarily with other householders, or living in boarding houses or other temporary lodgings, were younger than 25.
- two-thirds (67.1%) of the young people in boarding houses or temporary lodgings were young adults aged 19 to 24.

The cost of renting or owning a residence remained stable from 2013–14 to 2015–16, with one notable exception: people who rent from government

stress than not.

In 2015–16, the NSW rental market represented 31% of all households.[119] Thirteen per cent of these rent from a state or territory housing authority. Most households in NSW (67.1%) owned their home, with or without a mortgage. In 2007–08, the proportion of owners with a mortgage exceeded the proportion of owners without, and the proportion with a mortgage had continued to rise since (55.2% in 2016).[119, 120] The overall proportion of people aged 15 to 34 that own a home has diminished substantially over a 20-year period, from 48% in 1994–95 to 34% in 2013–14. In the same period, the proportion of renter households for this same age range increased (from 21% to 30%).

Despite strong population growth across the nation (due largely to net migration), the growth in the number of building approvals was relatively weak. (due largely to net migration), the growth in the number of building approvals was relatively weak. Despite strong population growth across the nation (due largely to net migration), the growth in the number of building approvals was relatively weak. Despite strong population growth across the nation (due largely to net migration), the growth in the number of building approvals was relatively weak.

Housing

Housing affordability

The rising cost of accommodation, both in terms of median house price relative to income, and rental costs, was a concern for MNC residents, who may be particularly vulnerable to housing stress and related effects such as homelessness. Earlier it was noted that the median MNC household earned $526 less per week than the median NSW household, and a smaller rate of the MNC’s labour force were engaged in full-time work (see Chapter 2, Table 3). We also saw that this region was on average in the top 45th percentile for housing stress, meaning that it was more disadvantaged than approximately 55% of NSW postal areas (see Chapter 2, Figure 2). Within the region, we saw that the three Coffs Harbour LGA postal areas were particular pockets of housing stress: Coffs Harbour (postcode: 2450; 23rd percentile), Toormina (2452; 25th percentile), and Woolgoolga (2456; 34th percentile); as was Bellingen (2454; 34th percentile) (see Chapter 2, Figure 2). This pressure on housing was concerning in light of Coffs Harbour’s rapid rate of population growth relative to the entire MNC on average.

The median sale price for all dwellings, averaged across the MNC LGA, was $436,000 in the September quarter of 2017[121] – a 14% increase since September 2016.[122] Median sales prices were highest in Port Macquarie–Hastings ($512,000), followed by Coffs Harbour and Bellingen (each $478,000). MidCoast, Nambucca and Kempsey attracted lower median sales prices in the September 2017 quarter ($410,000, $388,000, and $350,000, respectively). Within the MNC region, sales price increases were most dramatic in Nambucca. In September 2017, the quarterly rise in Nambucca’s median sale price was 11.5%, and the annual rise was 18.3%.[122]

We can get a sense of MNC housing stress by calculating average mortgage repayments as a proportion of income. By this criterion, in all MNC LGAs, the average household with a mortgage was experiencing housing stress (see Appendix A8, Table 8). The average proportion of household earnings reserved for the mortgage was particularly high in Port Macquarie–Hastings (40%). Mortgage repayments were also high relative to income in Nambucca (38.9%) and MidCoast (37.3%) – the two LGAs where mean weekly income was lowest ($835 and $887, respectively). Mean weekly rent payments were also relatively high in Port Macquarie ($310), Coffs Harbour ($305) followed by Bellingen ($280) (see Appendix A8, Table 8).

LGA-level rental cost statistics showed that renting in the MNC was less affordable than elsewhere in NSW if Greater Sydney was excluded from the analysis (See Appendix A8, Figure 26). Rental costs in the MNC region (averaged median weekly rent $347) were similar to those in the more urbanised Hunter region ($348), they were higher than the more rural New England region ($273) but lower than the Northern Rivers region ($391).

In Coffs Harbour the median cost to rent a one-bedroom dwelling ($270 per week) was the same as the median cost to rent a two-bedroom dwelling elsewhere in regional/rural NSW (See Appendix A8, Figure 27). In Kempsey, the median cost of renting a two-bedroom dwelling was $10 a week cheaper than the regional/rural state median; and the cost of renting a dwelling with four or more bedrooms was $40 cheaper. Similarly, in Nambucca, weekly rental costs for houses with more than one bedroom either matched the regional/rural NSW median or were below it.

Homelessness

The evidence that housing was becoming less affordable across the MNC area coincides with evidence that more MNC residents were unable to secure stable accommodation. Homelessness was a complex issue, as it corresponded with not only housing unaffordability and underemployment, but also other factors like domestic violence, mental illness and sustained substance abuse. Homelessness was also difficult to gauge, due to varying definitions of the term and due to the fact that it can be hidden or underrepresented.

In the 2016 census, over one thousand people were counted as experiencing homelessness across the...
Mid North Coast REGIONAL SOCIAL PROFILE 2019

The MNC had a lower rate of homelessness in 2016 than the neighbouring regions of Northern Rivers (50 per 10,000) to the north and New England (41 per 10,000) to the west, but its rate was higher than in the Hunter region (27 in 10,000) to the south (see Appendix A8, Figure 28).

The overall rate of homelessness in the MNC did not change significantly from 2011 to 2016 (-0.5%). Breaking the 2016 total down by LGA, most MNC people experiencing homelessness lived in the two most urban areas: Coffs Harbour (30.1%) and Port Macquarie–Hastings (26.1%). Relative to the other LGAs, the growth in the number of people experiencing homelessness between 2011 and 2016 was highest in these two areas (Port Macquarie–Hastings: +34.0%; Coffs Harbour: +15.4%). The large increase in Port Macquarie–Hastings was of a similar magnitude to the statewide increase (+37.1%), and more than double the nationwide increase (+13.7%) (see Appendix A8, Table 9).

The LGAs other than Port Macquarie–Hastings and Coffs Harbour saw either negligible growth (Bellingen) or a drop in the number of people who were homeless (Kempsey, MidCoast and Nambucca). Within the MNC, Kempsey LGA had the highest rate of homelessness (47 per 10,000), while MidCoast had the lowest (22 per 10,000). Nambucca and Port Macquarie–Hastings were similar to the MNC average (34 and 35 per 10,000, respectively), and Bellingen and Coffs Harbour exceeded it (42 and 43 per 10,000, respectively) (see Appendix A8, Table 9).

From 2011 to 2016, the rate of homelessness in the MNC region had remained stable (dropping slightly from 36 to 35 per 10,000) while the NSW rate had risen by 11 per 10,000 people (see Appendix A8, Figure 29). Within the MNC region, the most dramatic change in homelessness was the drop in Kempsey LGA, from 70 per 10,000 in 2011 to 47 per 10,000 in 2016. Despite the drop, the rate in Kempsey remained higher than in any other MNC LGA. Coffs Harbour’s rate of homelessness was the second highest in the MNC; it had increased since 2011, but not to the same degree as the rate for the whole state of NSW. The homelessness rate in Bellingen was not as high as in Coffs Harbour, although it was becoming closer. The slow decline in Nambucca’s rate of homelessness tracked that of the wider region. In 2011, homelessness was relatively uncommon in Port Macquarie–Hastings, but its rate in 2016 was the same as the MNC regional rate. Finally, MidCoast had a relatively low rate of homelessness that had fallen since 2011.

An alternative homelessness indicator from the 2016 census was the number of people occupying improvised dwellings (e.g. tents and sleepers out). Across the MNC, 206 people were counted as living in such dwellings (68 per 100,000). Within the region, two LGAs had high rates of improvised dwelling: Nambucca (32 people; 167 per 100,000) and Coffs Harbour (79 people; 108 per 100,000). Coffs Harbour LGA had the greatest number of MNC people who live in improvised dwellings, with over a third of the total counted (38.3%).

We acknowledge the growing challenge of youth homelessness; however, to the best of our knowledge, localised youth homelessness data were unavailable.

Community strengths

A housing alternative that shows promise in the MNC region is cooperative living. In Bellingen LGA, a community provides shelter and resources to members in exchange for nominal labour or service (five hours per week) and a small fee to cover costs ($30 per week per adult). The community operates on privately owned rural land, allowing members and guests to be self-sufficient through vegetable growing and solar power generation. Similarly, a community cooperative situated south of Coffs Harbour on coastal land offers living options to people who agree to live according to three social principles: social harmony, environmental responsibility and economic independence.

Community concerns and aspirations

Homelessness was an important issue for the Bellingen, Nambucca and the wider Coffs Harbour communities. Bellingen community conversation participants said that stable housing was a growing concern for the MNC’s young people. Some reported a collective inability to acknowledge that their youth were struggling. For example, youth homelessness exists in the MNC region but may be permitted as “sofa surfing” within the Bellingen community. There was a perception that more could be done to support young people effectively, including through development of life skills.

Opportunities

Safe and affordable housing is important for all MNC families; however, many families face housing difficulties. Community conversation participants supported the “no wrong door” model that is being used in homelessness services. This approach ensures that a participant is supported to access the appropriate assistance for them regardless of which service they approach initially. Effective referral pathways are key to this.

Community members also told us about alternative housing models. These include tiny homes, council-subsidised granny flats, houses of multiple occupancy, and self-sufficient collectives. Bundagen commune was cited as a good demonstration of a viable housing solution for people who cannot afford rent or mortgage.
4.9 Employment and education

The contemporary Australian labour force is always changing in response to global and local factors, which affect communities, families and individuals in a variety of ways. For instance, life expectancy has increased gradually since the industrial revolution in most member countries of the Organisation for Economic Cooperation and Development (OECD). From 2005 to 2015, the median age at death rose 2.2 years for females and 2.0 years for males in NSW[126]. In the same period, the median age of the NSW population rose to 38.8 years for females and 36.9 years for males, which was about six months higher than the median age of all people living in Australia. As people are living longer, the age of retirement has been trending upward since the 1990s worldwide[127], and in Australia, was forecast to increase to 70 years of age by July 2035.[128]

Employment is one pathway to growth for regional NSW residents and their families. While figures on youth unemployment in regional or regional NSW residents and their families. While figures on youth unemployment in regional or remote areas were high[129], young people may be socioeconomically engaged in other ways; for instance, through studying or raising a family. Two forms of infrastructure were predicted to affect regional residents’ opportunities to participate in the contemporary NSW labour force through work or study:

- **Communications.** Australia’s National Broadband Network (NBN) was introduced in part to address inequity of broadband internet availability and performance across the country. As increasingly more premises come online to the NBN, the question of what effect this will have on regional Australia’s labour force is an interesting one.
- **Transport.** Over 1,300,000 tonnes of freight are imported to, and over 700,000 tonnes are exported from, the local government areas (LGAs) of Grafton, Coffs Harbour, Bellingen and Nambucca, via the Pacific Highway.[130] Currently, about 74% of the Pacific Highway between Hexham and the Queensland border is four-lane divided road, and about 135 kilometres (20%) are under construction.[131] Net migration, trade and tourism have huge implications for MNC’s labour force, due in part to the region’s central location between Sydney and Brisbane.

Policy change in sectors other than communications infrastructure is also instrumental to the shaping of our future labour force. The Government Sector Employment Act 2013 is NSW state legislation requiring the integration and planning of workforce diversity within NSW and local government services.[132, 133] This includes planning for the meaningful employment of people with disability.

**Workforce, employment factors and education**

According to the 2011 census, the two MNC LGAs with the most developed tourism industry infrastructure – Coffs Harbour and Port Macquarie – reflect higher levels of workforce participation across all ages (15 years or older). Coffs Harbour’s rate of total employment represented about half (50.6%) of its labour force, and its rate of full-time employment represented over a quarter (27.9%); within the MNC region, these two figures were statistically higher than average. In Port Macquarie, the 2011 unemployment rate was statistically low at 3.4%.

4 Focus areas

**Workforce**

Relative to the state, the MNC region had an ageing workforce⁴. In 2016, just over half of the MNC’s workers were aged 45 years or older (see Appendix A9, Figure 30). The proportion of NSW residents employed in the same age bracket was about 10% smaller (40.6%). Furthermore, in the MNC region, the number of employees aged 65 or older had grown 30% since the 2011 census[135] of the six age categories shown in Figure 30, this was the only one with positive growth.

An ageing MNC workforce is not a concerning finding for local communities per se. However, the lack of young people aged 15 to 34 in the MNC workforce (29.5%) compared with the proportion of same-aged workers in NSW (37.1%) was concerning. In other words, independent of youth unemployment, there were relatively fewer young workers in our MNC region.

Net migration out of Coffs Harbour LGA was largest for young adults (15–19 years)[136, 137]. Furthermore, this was the only age group in which more people were leaving than migrating to Coffs Harbour, and by a large margin. This same trend was also evident in Bellingen,[138, 139] Kempsey,[140, 141] MidCoast,[142] and Port Macquarie–Hastings LGA’s.[143, 144] In two of these LGAs (Kempsey and MidCoast), the 55 to 64 years age group had the largest number of domestic arrivals. Net migration into Bellingen and Coffs Harbour was largest for the 35 to 44 years age bracket, while in Port Macquarie–Hastings, it was largest for people aged 65 or older. (Comparative statistics were not available for Nambucca LGA.)

**Youth unemployment**

While the overall unemployment rate for the MNC region (March 2018: 6.5%[138]) was about half of what it was in 2001 (12.9%[13]), a March 2016 report by the Brotherhood of St Laurence identified part of this region as a youth unemployment hotspot.[139] The report showed that Nambucca, Kempsey, Port Macquarie–Hastings, and MidCoast LGAs collectively have the sixth highest rate of youth unemployment⁴.

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⁴ Here, workforce describes employed people who, in the week prior to the 2016 census night, worked full- or part-time, were away from work or did not state their hours. The broader term labour force also includes unemployed people.
in Australia at the regional level. The report grouped Clarence Valley, Coffs Harbour and Bellingen LGAs as a separate region not classed as a youth unemployment hotspot.

In March 2017, the Brotherhood of St Laurence reported that the rate of young people with some work but wanting more hours was climbing.\[143\] This indicator, known as underemployment, is distinct from unemployment (looking for but not having any work). The Australia-wide rate of youth underemployment has been rising since the 1980s, and surpassed the youth unemployment rate in 2003.\[144\] While the economic impact of youth unemployment and underemployment were obvious (i.e. lack of income), the social costs were less tangible. This was because 15 to 19 year-olds were more likely to be engaged in other forms of labour force participation, such as high school study, unpaid traineeships, tertiary education or searching for work. Thus, we present statistics on youth labour force participation rather than youth unemployment, because the latter may be biased by these other activities.

Overall, roughly half of the MNC’s residents in the 15 to 19 years age bracket were engaged in some form of labour force activity; of those, the majority (82.7%) were employed (see Appendix A9, Table 10). In Bellingen, only 41% of young people aged 15 to 19 were engaged in any labour force activity (e.g. work, study, traineeship and job seeking). The percentage of Bellingen’s youth engaged in any employment (e.g. full- or part-time, casual) was also statistically low at 32%. Comparatively, Coffs Harbour had a statistically high youth labour force participation rate of 56%, and a statistically high youth employment rate of 44%.

### Internet use

In the 2017 Regional Social Profile survey, we asked 306 residents from all over the MNC to tell us about their everyday use of the internet. Eight-five per cent of respondents (261 people) said that they use the internet to stay in touch and connect or socialise with others (see Appendix A9, Figure 31). The majority also indicated that work (214 people; 69.7%) and looking up or accessing local services (175; 57.0%) were primary reasons for using the internet. News (152; 49.5%) and entertainment (138; 45.0%) were also popular reasons. Of the behaviours listed that relate to local services, looking up or accessing local services was the most popular, followed by local information sharing (132; 43.0%), local trading or private-sale classifieds (50; 16.3%), and local shopping (e.g. home-delivered groceries, 26; 8.5%). Four times as many respondents use the internet for general shopping (e.g. eBay; 102; 33.2%) than for local shopping.

In terms of labour force participation across the region, over two-thirds of respondents use the internet for work. The use “Online study; training and research” implies a contribution to the labour force too, but was cited as a reason to use the internet by only a third (35.5%) of respondents (see Appendix A9, Figure 31). The MNC NBN rollout shows promise for stimulating regional economy, particularly in terms of enabling quick access to local services and information.

Increases in internet availability and network strength were expected to encourage emergent workforces across the MNC region. For instance, across NSW, 46% of employed people in 2016–17 reported using the internet for an employer on a regular (18.9%) or occasional (17.8%) basis; or as part of own business (15.3%).\[145\] Moreover, the roll out of the NBN should allow more MNC workers to work from a home office.

The main concerns regarding internet use reported by MNC residents in the 2017 Regional Social Profile survey were “Too much spam and advertising”, and “Hoaxes, scams, and ‘fake news’” (see Appendix A9, Figure 32). Each was reported by 178 respondents (58.2%). The next biggest concerns were confidentiality or privacy breaches (48.4%), and unsolicited or predatory contact (35.3%). Affordability was a concern for about one quarter of the sample, as was “Access to inappropriate or explicit content”. Twenty-one per cent reported cyber-bullying as a cause for concern. Only 10% of respondents reported no concern about internet use; even fewer were concerned about slow internet speeds or unreliable service.

### Working from home

At the time of the 2016 census, 4.9% of NSW’s workforce worked from home.\[146\] In the MNC, 6.3% (6,451 workers) of the regional workforce worked from home (see Appendix A9, Figure 33). This rate had not changed since the 2011 census.\[147\] Similarly, 6.1% (6,364) of Central Coast’s peri-urban workforce worked from home, representing an increase of 1.5% since 2011.\[148\] Another rural and regional area, the Northern Rivers, had set a goal for the MNC to reach, with 8.1% (8,268) of their workforce working from home. These data suggested that regional NSW was faring better than metropolitan areas, and indeed the state overall, in terms of the percentage of people who work at home (see Appendix A9, Figure 33).

Within the MNC, Bellingen LGA had the highest rate of home workers (493; 13.7% of Bellingen workers), followed by Nambucca (464; 8.4%).\[149\] The rate of home workers in MidCoast (1,884; 7.0%), Port Macquarie–Hastings (1,590; 5.8%), and Kempsey (537; 5.8%) were similar to the overall MNC rate, while Coffs Harbour (1,483; 5.1%) was the lowest.

### Transport

Access to affordable and reliable means of transportation is vital to many aspects of MNC living, including participation in work or study. Most people who work on the MNC travelled to work using a single mode of transport (82,337 people; 80.9% of workers).\[150\] The vast majority of these single-method travellers used a car in 2016, either as a driver (69,844 people; 84.8%) or passenger (5,468; 6.6%) (see Appendix A9, Figure 34). Only 4% (3,580) walked to work, presumably due to large distances between home and workplace. Personal and economical modes of transport, such as motorbike/scooter or bicycle, were used even more
Gloucester had a comparatively higher rate of emotionally mature children (84.4%, relative to 78.3% in Bellingen), and a lower rate of physically healthy children (80.0% relative to Bellingen’s 90.7%).

Coffs Harbour had an average percentage of on-track children (77.6%) that was lower than the state. In Coffs Harbour 73.6% of children were on track in terms of physical health and wellbeing. Port Macquarie–Hastings had an average percentage of 80.0% of children being on track for physical health and wellbeing. Overall, evidence suggests that early schooling readiness was a strength of the MNC region, particularly in terms of language, cognition, communication and general knowledge; and particularly within Bellingen, Gloucester, Nambucca and Port Macquarie–Hastings communities. Kempsey LGA had the lowest overall score for school readiness, and Greater Taree and Great Lakes were also below the state average. Overall, the MNC average was very close to both the state and national average (see Appendix A9, Table 11).

**Community strengths**

The MNC region traditionally has had a very strong tourism industry, particularly in terms of accommodation and food services. In our 2017 Regional Social Profile survey, nearly half of the respondents (133 people; 46.0% of the sample) told us “There are plenty of opportunities for growth and self-improvement in my area.” In fact, in the 2011 census, the two MNC LGAs with the most developed industry infrastructure – Coffs Harbour and Port Macquarie – had higher levels of workforce participation across all ages (15 years or older). Local education and training programs constituted another strength among the MNC community. In Coffs Harbour, commenters reported that they trusted that local schools would take action on the issues facing the young people in this area, their families and communities. In particular, schools that were open to early intervention programs, and school counsellors and occupational therapists, were trusted to educate children and young people about emotional regulation. The MNC NBN rollout shows promise for stimulating regional economy, particularly in terms of enabling quick access to local services and information.

The Coffs Harbour conversation group from March 2017 highlighted some of the valuable educational pathways available across the region. Participants noted there were many strong, accessible opportunities for growth:

- The community had access to a wide range of local services, which seem to work cohesively and collaboratively.
- Children and young people had fantastic educational opportunities; these included university courses at the Coffs Harbour Education Campus, and employment pathways training offered by service providers.
- The city centre was growing, along with social infrastructure and tourism, which were both beneficial for local economies.

The Coffs Harbour conversation group also saw Coffs Harbour’s location as a positive; people who lived there had convenient access to beautiful beaches and green spaces, while the city’s location in between Sydney and Brisbane made it easy for others to visit.

We have a uni here that adds value, and young people don’t have to leave the community to study and develop employability.

People at the Port Macquarie community consultation praised the newly developed Charles Sturt University as opening up new pathways to youth employment where previously there were not many. Residents were optimistic that more employment opportunities would arise, especially for young people, as the university was completed and as roads and the highway continued to improve.

Port will be different in next couple of years because of the university and highway being finished.

Community concerns and aspirations

As a guiding framework, the 2013 Regional education, skills and jobs plan - NSW - MNC recommended addressing the following concerns to meet the labour force needs of our region:

- Failure to meet Close the Gap life expectancy targets for Indigenous Australians
- Limited access to early childhood education services
- Poor transition to the National Quality Framework for early childhood education and care by the sector
- Low engagement and attainment levels for vulnerable or disengaged school students
- Limited integration and articulation of vocational education and training qualifications into higher education courses
- Patchwork labour market conditions across the region, with high youth and Indigenous unemployment, skill shortage areas and low workforce participation.

Most of these concerns relate to youth and Indigenous peoples’ engagement in the MNC labour force. Indeed, these two themes were raised numerous times in the community conversations. The relationship between limited regional transport infrastructure and limited opportunities for growth and labour force development was another popular topic in many conversations.

In Bellingen, participants wanted greater accessibility to local child care services, because many workers and students needed to travel to Coffs Harbour. They also wanted to see equitable education and employment opportunities across townships within the LGA (e.g. Bellingen, Urunga and Dorrigo). In addition, some participants felt that welfare services were too restrictive for young jobseekers and families. This perception coincided with a perceived dependence on welfare services, and high expectations in the local job market.

In the Coffs Harbour conversation, participants wanted more employment opportunities for Aboriginal people, with training support to help...
them to secure roles.[27] Another challenge expressed for Coffs Harbour’s future prosperity was ensuring that technology infrastructure and the number of new dwellings kept up with population growth. This was related to the aspiration that people could continue to afford living in the Coffs Harbour LGA, regardless of their socioeconomic background.

As the population grows, we want to retain our green spaces, making more of these accessible and affordable for all.

(CFI Community conversation, Small group 2, Coffs Harbour, June 2017)[27]

The Kempsey conversation group noted that a longer-term vision of their community was to encourage young people to stay in the Kempsey area.[28] They felt that, in five to ten years’ time, the people of Kempsey would need to consider building more education pathways – apprenticeships, life skills training and online university courses – that offered young people incentives to continue living locally. In addition, consultation participants wanted to see more Kempsey employers hiring Aboriginal people within ten years.

The Port Macquarie conversation group wanted more opportunities for growth across the LGA.[29] They felt that more employment pathways, including more affordable study options, were needed, especially for the young people of this area. The group suggested that institutions (e.g. the university) offer free domestic violence intervention courses to the community, as a means of sharing the responsibility of reducing DFV in the region. As Port Macquarie continues to grow, the community saw a need to work on making the area an attractive place for visitors. One suggestion was to further develop Port Macquarie’s food tourism and entertainment industries. In particular, the CFI consultation group suggested increasing the number of cafes and nightlife attractions.[30] The group also recommended establishing a local cottage industry to grow Port Macquarie’s arts and culture industries, which in turn would boost the tourism in our area.

We need to attract more people to want to stay. It’s hard to come into employment when you are not ‘local’ – it’s hard to come in as a newcomer.

Participant, CFI Community conversation, Port Macquarie, June 2017)[29]

Transport

The relationship between limited regional transport infrastructure and limited opportunities for growth and labour force development were popular topics in many of our 2017 community conversations. Bellingen participants acknowledged that “We want to prepare our young people for success, whether they choose to stay around Bellingen or move away from the area.”[31] The group expressed a need for more stable employment for the youth and their families who choose to stay in the Bellingen area. They suggested that stability could be increased by establishing a reliable public transport system for people who work out of town (e.g. living in Dorrigo but working in Coffs Harbour).

Because of high unemployment rates in the Bellingen LGA, many people look for work elsewhere (e.g. Coffs Harbour city), yet public transport is difficult to access and private vehicles are expensive to register and maintain. Because of these factors, more families are experiencing poverty and relationship breakdowns, and problems associated with drug and alcohol use.

(CFI Community conversation group, Bellingen, March 2017)[29]

Participants in the Kempsey CFI consultation desired increased public transport availability between Kempsey and Port Macquarie.[28] Coffs Harbour CFI consultation group identified sustainable growth as an achievable goal within ten years.[32] To realise this, the group suggested two medium-term goals: less congested roads, and an affordable and accessible public transport network.

The Port Macquarie participants wanted a better system of footpaths and cycleways across the LGA.[31] They felt that car registration was unaffordable for many who lived in Port Macquarie, therefore public and personal transport (e.g. cycling) could be the preferred transport option. The Port Macquarie participants wanted their region to balance economic growth and equity of opportunity for all residents. They wanted economic and social development to continue steadily as the highway and roads continued to improve. While residents agreed that development encourages employment, they saw a need to ensure that Port Macquarie does not become overly metropolitan.

Family support is really important, for example, when transport to education is limited.

(CFI Community conversation, Small group 1, Port Macquarie, June 2017)[29]

Opportunities

In discussing educational and employment opportunities, our community’s responses suggested that a key focus in training and preparing for employment should be on addressing some of the barriers that prevent people from achieving education and employment outcomes. Some of these suggestions would also assist in addressing other challenges identified. Suggestions included:

- establishing a targeted prevention framework that empowers clients through education, including:
  - trauma, drug and alcohol education for children
  - life skills for young parents, particularly young Aboriginal fathers
- resilience and cultural heritage for children and their families
- evaluating primary to high school transition points and ensuring transitions are appropriately supported
- providing basic life skills training programs in schools for children, and in the wider community for families and for children disengaged from school to support school engagement
- implementing specialist programs like Triple P and school-specific breakfast clubs universally so more people are able to access these supports developing trauma-informed healing and life skill development programs that include Aboriginal Elders, young people and their families
- developing workforce training programs that focus on how to help people who are experiencing disadvantage.
In the MNC region, the NDIS Local Area Coordination service is being delivered by Mid Coast Communities on behalf of NDIS partner Social Futures. Under the scheme, people with disability have more choice and flexibility regarding the supports they can access. This has important implications for MNC labour force development, as NDIS participants may choose to access employment or education services, for instance.

The NSW Government has recently launched the NSW Disability Inclusion Plan, in alignment with The NSW Government has recently launched the NSW Disability Inclusion Plan, in alignment with The National Disability Strategy 2010–2020 and the Australian Government model of supporting people living with disability in the community. It is legislated under the National Disability Insurance Scheme Act 2013 (NDIS Act).

Disability assistance
The 2016 census collected data on people's need for assistance on the MNC. The Australian Bureau of Statistics defines a person as in need if they receive help or care in one or more of three core areas: self-care; mobility and communication; and disability, long-term health condition or old age.

The overall rate of people needing assistance in the MNC is 7.5%. Breaking this down by LGA, Bellingen (5.9%) and Coffs Harbour (6.2%) have statistically low rates (z < -1.0), while Kempsey (8.7%) has a statistically high rate (z > 1.0). These data are an indirect indicator of the proportion of MNC’s population who have a disability (because it also includes people needing assistance because of frailty due to old age and long-term health conditions).

FACS have compelling data showing that people who live in their MNC district (which excludes MidCoast LGA) face increased need for disability assistance. In 2015–16, 10.6% of people in their MNC district were carers for persons with disability. The NSW statewide comparison rate was 9.2% (see Appendix 10, Table 12).

Community strengths
Local Government NSW – the peak body for NSW councils – is working with local governments to develop disability inclusion action plans (DIAPs). These plans are a requirement under the Disability Inclusion Act 2014. DIAPs demonstrate local government’s commitment to improving the access of people with a disability to services and facilities. DIAPs are also designed to change negative community perceptions about people with a disability.

Community concerns and aspirations
Further evidence suggests that disability can be associated with social isolation. For instance, Australians who report having a disability or high levels of psychological distress are less likely to see their family or friends in a given week.

Opportunities
Our conversations with MNC residents identified access as an area of opportunity. For instance, people from Coffs Harbour asked for “better access to beaches for the aged and people living with disability.” The community also told us that they would like more access to affordable transport options, particularly for those that are unable to drive. Our discussions with the community have also identified a need for further investment in creating inclusive communities on the MNC. This would give people with disabilities greater access to social opportunities, which help would counteract the social isolation reported. Additionally, the community reported that they would like more access to inclusive employment opportunities, and they would like to see more employers actively working to support people with disabilities to transition into employment.
4.11 Ageing

In 2013, a number of legislative changes were enacted to reform the national aged care system. This has led to the current adoption of the Aged Care Act 1997 which now incorporates amendments to veterans’ affairs legislation, and increases to consumer savings and choices. Aged care service reform is still a federal government priority, with the Department of Health website summarising each step of the reform.

At the state level, the NSW Government is responsible for enhancing opportunities for older people across the state. This includes providing access to mainstream government services and facilities, like public spaces, transport, health care, social housing and justice.

The MNC region has an ageing population, which affects many parts of the community:

- Fewer women are giving birth, and most babies are born to women aged 30 or over (see Appendix A1, Figure 4)
- The workforce is older than the state average (see Appendix A9, Figure 30), and the over 65 age category was the only one that grew from 2011 to 2016.
- Rates of dementia correlate with age, so dementia is a particular health concern for the region.

In Port Macquarie–Hastings LGA, 72% of Regional Social Profile survey participants found ageing the most concerning health issue, and it ranked second or third in the other LGAs (see Appendix A3, Figure 9)

Community strengths

In terms of local community supports for older MNC residents, all councils except Bellingen shire have developed or are developing positive ageing strategies. Each strategy outlines LGA-specific responses to our ageing populations. Coffs Harbour City Council supported the Creative Ageing Forum (held in March 2017) and are in the process of drafting a dedicated ageing strategy for the local government area.

Community concerns and aspirations

Data on disability and ageing are limited at the regional or local level. However, the ABS Survey of disability, ageing and carers suggests that growing rates of certain disabilities are concerning for MNC communities. For instance, rates of Alzheimer’s disease and other dementias appear to be increasing, which is a concern on the MNC because of its ageing population. The link between age and dementia is also troubling for the MNC on top of ageing concerns, because the region’s weak youth labour force relative to the state suggests there may be challenges filling an increased demand for aged care graduates and workers (see Chapter 4.9).

Further, older people who live in regional areas like the MNC are at greater risk of experiencing social isolation and loneliness because of limited access to services, the changing roles they experience within their community and the potential for a greater disconnect with family.

Opportunities

In terms of infrastructure, community conversations have suggested opportunities to improve accessibility for older people. For instance, Coffs Harbour residents have said that older people who live here should have an affordable and accessible public transport network.

Social isolation has also been identified as a challenge for older people, and there is an opportunity for more programs such as the MNC Local Health District’s Social Seniors and Friends program across the region to reduce instances of social isolation through:

- development of more suitable housing for older people, particularly smaller homes that are accessible as many older people find it difficult to access affordable housing that meets their needs
- provision of more support to carers of older people, particularly to assist them with maintaining their wellbeing
- provision of more advocacy support for older people to help ensure their needs are met
Appendix A. Regional data

A1 Family and community

Table 4 lists the number of infants and very young children in each MNC LGA. Overall, this age group comprises 5% of the MNC’s estimated 2016 population (308,372 people)\(^{[173]}\) which is lower than the statewide percentage (6.4%).\(^{[174]}\) The proportion of infants in the population varies significantly across LGAs, with Coffs Harbour having a statistically high rate while MidCoast has a statistically low rate.

### Table 4. Number of people aged 0–4 in the Mid North Coast region, 2016\(^{[173, 174]}\)

<table>
<thead>
<tr>
<th>LGA</th>
<th>Population</th>
<th>Children aged 0–4</th>
<th>% LGA population</th>
<th>% of children aged 0–4 in the MNC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bellingen</td>
<td>12,893</td>
<td>647</td>
<td>5.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Coffs Harbour</td>
<td>74,641</td>
<td>4,414</td>
<td>5.9*</td>
<td>27.0</td>
</tr>
<tr>
<td>Kempsey</td>
<td>29,454</td>
<td>1,676</td>
<td>5.7</td>
<td>10.3</td>
</tr>
<tr>
<td>MidCoast</td>
<td>91,958</td>
<td>4,462</td>
<td>4.9**</td>
<td>27.3</td>
</tr>
<tr>
<td>Nambucca</td>
<td>19,521</td>
<td>1,001</td>
<td>5.1</td>
<td>6.1</td>
</tr>
<tr>
<td>Port Macquarie–Hastings</td>
<td>79,905</td>
<td>4,129</td>
<td>5.2</td>
<td>25.3</td>
</tr>
<tr>
<td>MNC</td>
<td>308,372</td>
<td>16,328</td>
<td>5.3</td>
<td>100.0</td>
</tr>
<tr>
<td>NSW</td>
<td>7,797,791</td>
<td>497,296</td>
<td>6.4</td>
<td></td>
</tr>
</tbody>
</table>

Statistical significance: * above average rate (z = 1.50); ** below average rate (z = -1.07).

An analysis of fertility rates shows that, on average, women are having more children in this region than in other parts of NSW. Total fertility rates and birth statistics for the MNC are shown in Table 5.

### Table 5. Births and fertility rates within the Mid North Coast, neighbouring regions and NSW, 2015\(^{[175]}\)

<table>
<thead>
<tr>
<th>Area or region</th>
<th>Births</th>
<th>Fertility rate (Mean number of children for women aged 15–49 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Rate per 1,000 NSW births</td>
</tr>
<tr>
<td></td>
<td>One or more child</td>
<td></td>
</tr>
<tr>
<td>Bellingen</td>
<td>107</td>
<td>11.25</td>
</tr>
<tr>
<td>Coffs Harbour</td>
<td>797</td>
<td>8.0</td>
</tr>
<tr>
<td>MidCoast</td>
<td>857</td>
<td>8.6</td>
</tr>
<tr>
<td>Kempsey</td>
<td>316</td>
<td>3.2</td>
</tr>
<tr>
<td>Nambucca</td>
<td>205</td>
<td>2.0</td>
</tr>
<tr>
<td>Port Macquarie–Hastings</td>
<td>711</td>
<td>7.1</td>
</tr>
<tr>
<td>Mid North Coast (all LGAs)</td>
<td>2,993</td>
<td>29.9</td>
</tr>
<tr>
<td>Northern Rivers</td>
<td>2,977</td>
<td>29.7</td>
</tr>
<tr>
<td>Central Coast</td>
<td>3,818</td>
<td>39.1</td>
</tr>
<tr>
<td>NSW</td>
<td>100,079</td>
<td>1,000</td>
</tr>
</tbody>
</table>

Statistical significance: * larger than the MNC fertility rate (z = 1.24); ** lower than the MNC fertility rate (z = -1.14).

Figure 3 shows that mothers aged 15 to 19 years are more prevalent in the MNC than in other regions with similar populations. This regional difference tracks the rate of parents of any age.

### Figure 3. Rates of young mothers (orange) versus all mothers (purple) across the Mid North Coast and neighbouring regions, 2011\(^{[176]}\)

Solid orange line is the mothers rate for Australia (19); broken orange line is the rate for NSW (17). MNC = Mid North Coast, NR = Northern Rivers, CC = Central Coast.

Table 6 shows that teenage motherhood is more prevalent in Nambucca and Kempsey than in the other LGAs. Nambucca also has a statistically large rate of mothers of all ages. Bellingen has the lowest rate of young mothers.

### Table 6. Motherhood rates of young women (aged 15–19) and all women in the Mid North Coast, 2011\(^{[176]}\)

<table>
<thead>
<tr>
<th>Area or region</th>
<th>Young women aged 15–19</th>
<th>Women aged 15 or over</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>One or more child</td>
<td>No children</td>
</tr>
<tr>
<td></td>
<td>Rate per 1,000</td>
<td>Total</td>
</tr>
<tr>
<td>Bellingen</td>
<td>17.3*</td>
<td>362</td>
</tr>
<tr>
<td>Coffs Harbour</td>
<td>29.2</td>
<td>2,039</td>
</tr>
<tr>
<td>Kempsey</td>
<td>42.3**</td>
<td>737</td>
</tr>
<tr>
<td>MidCoast</td>
<td>33.5</td>
<td>2,213</td>
</tr>
<tr>
<td>Nambucca</td>
<td>44.6***</td>
<td>439</td>
</tr>
<tr>
<td>Port Macquarie–Hastings</td>
<td>25.2</td>
<td>2,104</td>
</tr>
<tr>
<td>Mid North Coast (all LGAs)</td>
<td>31.2</td>
<td>2,052</td>
</tr>
<tr>
<td>Northern Rivers</td>
<td>67.92</td>
<td>6,792</td>
</tr>
<tr>
<td>Central Coast</td>
<td>25.6</td>
<td>7,189</td>
</tr>
<tr>
<td>NSW</td>
<td>31.2</td>
<td>7,921</td>
</tr>
</tbody>
</table>

Statistical significance: * lower than average (z < -1.00); ** above average (z = 0.99); *** above average (z > 1.00).
The total fertility rate statistic represents the average number of children born to females of fertile age (i.e., 15 to 49 years).\textsuperscript{[175]} While total fertility rates are available by LGA, age-specific rates are only available at the state/territory and national levels. Figure 4 shows fertility rates in NSW for different age groups.

**Figure 4.** Average fertility rates for NSW women of four age groups, 2004–2006 to 2013–2015\textsuperscript{[175]}

Across the MNC, males are typically the perpetrators of DFV incidents and females are typically the victims (Figure 5).

**Figure 5.** Gender of offenders and victims of DFV-related assault in the Mid North Coast, 2016\textsuperscript{[41]}

Apprehended domestic violence orders (ADVOs) are granted at a much higher rate in the MNC region than in either of the two comparison regions or the state of NSW overall (Figure 7). In the same comparison, the MNC also has the highest rate of ADVO breaches. These data are the most current available in the public domain\textsuperscript{[42]}; it is possible that ADVO grant and breach rates have changed since 2013.

**Figure 7.** ADVO rates in the Mid North Coast, neighbouring regions and NSW, 2013\textsuperscript{[42]}

The Mid Coast Communities’ DFV Mapping Project (not yet completed for MidCoast) and BOCSAR data provide more detailed analysis of violence in the MNC LGAs.

**Bellingen:**

- Of the 36 incidents of DFV assaults recorded in Bellingen during 2016, almost half (17) were classed by NSW Police as alcohol-related.
- Bellingen had the lowest LGA rate of ADVOs granted in 2013 (296 per 100,000 people), which is statistically low for the region ($z = -1.2$).\textsuperscript{[42]}
Coffs Harbour:
- DFV-related assault is the second most common type (accounting for 13%) of the 17 major offences.[41]
- Across the state, Coffs Harbour LGA’s count of DFV incidents is at the top 15th percentile.*
- NSW Police classed 42% of 2016 DFV assaults in Coffs Harbour as alcohol-related.

Kempsey:
- DFV-related assault is the third most common of 17 main offence types.
- The relationship between alcohol use and DFV is not as obvious in Kempsey as it is in other LGAs, but still is involved in about a third of all incidents (34.2%) recorded by police.[41]
- Kempsey LGA had the highest rate of DFV incidents, and it was statistically higher than the regional average (z = 1.8).
- Kempsey was the only MNC LGA with a statistically high rate of ADVO breaches (140 per 100,000; z = 1.9).[42]

MidCoast (combining data from Gloucester, Greater Taree and Great Lakes LGAs collected pre-amalgamation):
- DFV-related assault was the third most common type of offence in 2016, of a total 17 selected offences.[41]
- There is no solid evidence base on DFV for the region.

Nambucca:
- The area ranked in the 34th percentile of LGAs sampled in NSW.
- 31 of the DFV incidents were alcohol-related (32.6%).[41]
- Nambucca has the highest rate of non-DFV assaults among all MNC LGAs (730 per 100,000), ranking in the 6th percentile of LGAs sampled in NSW.
- Non-DFV assaults is one of the most commonly recorded out of 17 main offence types; second only to malicious property damage

Port Macquarie–Hastings:
- Port Macquarie–Hastings had the second lowest rate of ADVOs granted (455 per 100,000 in 2013)[42] in the MNC region.

A3 Health

Figure 8 shows that 42% of respondents (110 people) in the 2017 Regional Social Profile survey reported having a physical health issue; 34% (88 people) reported having a mental health issue.

Figure 8. Health issues reported by 263 Mid North Coast survey respondents, 2017

<table>
<thead>
<tr>
<th>Physical</th>
<th>Mental</th>
</tr>
</thead>
<tbody>
<tr>
<td>58%</td>
<td>66%</td>
</tr>
<tr>
<td>18%</td>
<td>17%</td>
</tr>
<tr>
<td>13%</td>
<td>10%</td>
</tr>
<tr>
<td>N/A: Do not have a health issue</td>
<td>N/A: Do not have a health issue</td>
</tr>
<tr>
<td>Occasionally</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Some of the time</td>
<td>Some of the time</td>
</tr>
<tr>
<td>Most or all of the time</td>
<td>Most or all of the time</td>
</tr>
</tbody>
</table>

*Percentiles are only calculated for the 141 LGAs in NSW with populations greater than 3,000 people.

In 2016, the North Coast PHN (comprising the Mid North Coast Local Health District and the Northern NSW Local Health District) published a series of health checks for MNC LGAs spanning Port Macquarie to Coffs Harbour[55, 59, 60, 62, 177]. The five health issues of overall biggest concern to MNC residents from these reports are shown in Figure 9.

Figure 9. Most concerning health issues in the Mid North Coast and North Coast Primary Health Network, 2016[55, 59, 60, 62, 177]

Hospitalisation rates across time (Figure 10) show a very slight upward trend for the state from 2011–12 to 2015–16 (as indicated by the dotted line)[178]. With the exception of recent rates from Bellingen, the LGA rates are higher than the NSW total rate.

Figure 10. Hospitalisation rates for all causes, 2011–12 to 2015–16[178]

Note: Dotted line indicates NSW linear trend
Figure 11 shows hospitalisation rates for the general MNC population (Indigenous and non-Indigenous) in ten major categories, which collectively account for 76% of all 2016–17 hospitalisations. Rates are distributed relatively evenly between the ten causes.

**Figure 11.** Non-Indigenous hospitalisation rates for different causes in the Mid North Coast LHD and NSW, 2016–17

Drawing on NCPHN’s health checks, Figure 12 shows the major perceived barriers to accessing health services. The overall biggest concern reported was difficulty or failure to secure an appointment with a GP, and many MNC residents face long wait times to access services.

**Figure 12.** Common barriers to GP access in the Mid North Coast and North Coast Primary Health Network, 2016

Figure 13 shows health access issues for MNC residents wishing to consult with a specialist. There are similar barriers to accessing specialists as there are to accessing GPs, but access is harder and cost and travel distance are more of a deterrent.

**Figure 13.** Common barriers to specialist service access in the Mid North Coast and North Coast Primary Health Network, 2016

Figure 14 shows health access issues for MNC residents wishing to consult allied health professionals. Again, cost is a major concern for the community. A unique issue in accessing allied health services is that Medicare covers too few sessions – between 39% and 53% of survey participants agreed with this.

**Figure 14.** Common barriers to allied health professional access in the Mid North Coast and North Coast Primary Health Network, 2016
Table 7 summarises local health strategies. Here, TBC means ‘to be confirmed’. It means that local government has agreed to participate, but their exact role is yet to be specified. [170, 179-185]

<table>
<thead>
<tr>
<th>Council responsible</th>
<th>Health strategy or indicator</th>
<th>Measure or role of council</th>
<th>Desired outcome</th>
<th>Notable achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Healthy lifestyles and practices are enhanced</td>
<td>TBC – council’s role is to influence and provide</td>
<td>Not stated</td>
<td>Water bottle filling stations provided in Bellingen, Dorrigo, and Urunga, 2017</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Do you regularly participate in organised sporting activities with others?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>People Self-Reporting Health</td>
<td>Baseline to be set</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>TBC as part of a council ageing strategy</td>
<td>Not stated</td>
<td>Creative ageing forum held 07/03/2017</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ageing strategy completion date set for 30/06/2019</td>
</tr>
<tr>
<td>Kempsey</td>
<td>Campaign for the building / upgrading of a new hospital</td>
<td>TBC – council’s role is advocacy</td>
<td>Hospital redevelopment</td>
<td>Kempsey District Hospital redevelopment approved by NSW Legislative Council, 2017</td>
</tr>
<tr>
<td>Mid-Coast</td>
<td>Advocate to state and federal government for ongoing improvements to health facilities to meet local health needs</td>
<td>TBC – council’s role is advocacy</td>
<td>Not stated</td>
<td>Manning Base Hospital redevelopment approved by NSW Legislative Council, 2017</td>
</tr>
<tr>
<td></td>
<td>Encourage and promote healthy lifestyle choices</td>
<td>TBC – council’s role is partial</td>
<td>Decrease hospital admissions</td>
<td>Council purchase Ormsby House for use by the Manning Valley Senior Citizens Association and wider community</td>
</tr>
<tr>
<td>Nambucca</td>
<td>Lobby state government for adequate bed allocation for aged care</td>
<td>Number of new aged care beds established in the Nambucca Valley</td>
<td>Increase to national target</td>
<td>Council support NSW Nurses &amp; Midwives Association to increase provision of on-duty aged care nurses, 2015</td>
</tr>
<tr>
<td></td>
<td>Lobby state government for infrastructure to provide adequate health services</td>
<td>Available health services at the Macksville Hospital</td>
<td>Renal dialysis unit</td>
<td>Nambucca Valley Dialysis Unit approved by NSW Legislative Council, 2014</td>
</tr>
<tr>
<td>Port Macquarie-Hastings</td>
<td>Empower the community through encouraging active involvement in projects, volunteering and events</td>
<td>TBC</td>
<td>Not stated</td>
<td>Move eat live well program, 2012</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>The big chat about creative ageing, event held 09/07/2017</td>
</tr>
</tbody>
</table>
A4 Mental health

Figure 15 plots self-harm hospitalisation rates for each LGA in the MNC. Except for Nambucca, all had higher rates than the NSW trend in 2015–16.

**Figure 15.** Intentional self-harm hospitalisation rates in the Mid North Coast, 2009–10 to 2015–16 [61]

Note: Dotted line indicates NSW linear trend

A5 Substance use

Figure 16 shows alcohol-attributable death rates by LGA over the period spanning 2007–08 to 2012–13.

**Figure 16.** Alcohol-attributable death rates in the Mid North Coast, 2007–08 to 2012–13 [75]

A6 Culturally and linguistically diverse communities

The 2017 Regional Social Profile asked respondents about their cultural background and language, and 79 of 267 respondents (29.6%) indicated they had CALD status (Figure 17).

**Figure 17.** CALD status of 79 Mid North Coast survey respondents*, 2017

Within the MNC region, the five most prevalent LOTE spoken at home are Punjabi (459:100,000), German (306:100,000), Spanish (190:100,000), Mandarin (183:100,000) and Italian (176:100,000).

**Figure 18.** The five most common LOTEs in the Mid North Coast and neighbouring regions, 2016 [98]
The MNC migrant intake mix is compared to the neighbouring regions, which have similarly-sized populations, in Figure 19.

**Figure 19.** Number of family, skilled and humanitarian migrants in the Mid North Coast and neighbouring regions, 1 October 2007 to 1 October 2017.

Settlement patterns within the MNC show that Coffs Harbour had the highest intake of migrants between 2007 and 2017, and 97% of the humanitarian migrants (see Figure 20).

**Figure 20.** Mid North Coast settlement numbers, 1 October 2007 to 1 October 2017.

Figure 21 shows relative levels of racist attitudes across the MNC and two comparison regions derived from a study conducted by the University of Western Sydney.

**Figure 21.** Relative racism levels across the Mid North Coast and neighbouring regions, 2001.

Focusing on the MNC and Clarence Valley region, Figure 22 shows the proportion of respondents expressing each of 17 different attitudes to race.

**Figure 22.** Attitudes to race of 144 Mid North Coast survey respondents, 2001.

* Racialism is the idea that humans are naturally discriminable by their race, which racialists consider is a biological construct.

** An example of the spatial manager attitude is the assertion that “people should stay in their own country”.
A7 Aboriginal and Torres Strait Islander communities

Table 8 shows some of the key demographics of Indigenous and non-Indigenous people in our region, relative to wider NSW. Note that an Indigenous household is one that has at least one Aboriginal and/or Torres Strait Islander person.

<table>
<thead>
<tr>
<th>Factor</th>
<th>MNC LGAs</th>
<th>NSW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2016</td>
<td>Count</td>
<td>308,372</td>
</tr>
<tr>
<td>Indigenous persons</td>
<td>Count</td>
<td>17,886</td>
</tr>
<tr>
<td>% Indigenous</td>
<td>5.8</td>
<td>2.9</td>
</tr>
<tr>
<td>Population projection, 2016–2036</td>
<td>Count</td>
<td>348,150</td>
</tr>
<tr>
<td>% Average annual growth</td>
<td>0.6</td>
<td>1.4</td>
</tr>
<tr>
<td>Indigenous persons*</td>
<td>Count</td>
<td>30,599-34,211</td>
</tr>
<tr>
<td>% Average annual growth</td>
<td>2.6-3.1</td>
<td>2.6-3.1</td>
</tr>
<tr>
<td>Median age, 2016</td>
<td>All persons</td>
<td>49 years</td>
</tr>
<tr>
<td>Indigenous persons</td>
<td>20-24 years</td>
<td>22 years</td>
</tr>
<tr>
<td>Private dwellings, 2016</td>
<td>Count</td>
<td>145,540</td>
</tr>
<tr>
<td>% Occupied</td>
<td>87.3</td>
<td>90.7</td>
</tr>
<tr>
<td>Average persons per household, 2016</td>
<td>All households</td>
<td>2.3</td>
</tr>
<tr>
<td>Indigenous households</td>
<td>3.2</td>
<td>3.1</td>
</tr>
<tr>
<td>Median weekly income, 2016</td>
<td>All households</td>
<td>$960</td>
</tr>
<tr>
<td>Indigenous households</td>
<td>$1,024</td>
<td>$1,214</td>
</tr>
<tr>
<td>Median monthly mortgage repayments, 2016</td>
<td>All households</td>
<td>$1,433</td>
</tr>
<tr>
<td>Indigenous households</td>
<td>$1,459</td>
<td>$1,733</td>
</tr>
<tr>
<td>Median weekly rent</td>
<td>ABS, 2016: all dwelling types</td>
<td>$273</td>
</tr>
<tr>
<td>Indigenous households</td>
<td>$270</td>
<td>$270</td>
</tr>
<tr>
<td>Housing NSW, Dec. 2017: all 2-bedroom dwellings</td>
<td>$292</td>
<td>$475</td>
</tr>
<tr>
<td>% Labour force working full time, 2016</td>
<td>53.4</td>
<td>63.1</td>
</tr>
</tbody>
</table>

Note: An additional 20,314 people (6.6% of the MNC population) who did not specify their Indigenous status are not shown here.

Indigenous and non-Indigenous populations in the MNC have quite different age compositions (Figure 23).

**Figure 23.** Age composition of Indigenous and non-Indigenous Mid North Coast residents, 2016[^4-16] (Figure 23)

![Age composition of Indigenous and non-Indigenous Mid North Coast residents, 2016](image)

Note: An additional 20,314 people (6.6% of the MNC population) who did not specify their Indigenous status are not shown here.

Figure 24 compares hospitalisation rates for Indigenous and non-Indigenous people across local health districts in 2015–16.

**Figure 24.** Hospitalisation rates in Mid North Coast LHD, neighbouring LHDs and NSW, 2016–17[^51]

![Hospitalisation rates in Mid North Coast LHD, neighbouring LHDs and NSW, 2016–17](image)

Note: Numbers in parentheses are counts based on episodes of care, as defined by NSW Health. A patient can have multiple episodes of care in a single hospital stay, or indeed multiple hospitalisations in the recording period.
Hospitalisation rates for the ten most common causes among Indigenous people are shown in Figure 25.

**Figure 25.** Indigenous hospitalisation rates for different causes in the Mid North Coast LHD and NSW, 2016–17[^1](#).

A8 Affordable housing and homelessness

Table 9 shows for each MNC LGA the amount spent on rent or repaying a mortgage, and whether it is significantly high or low within the region.

**Table 9.** Mid North Coast housing cost statistics, 2016[^2](#)

<table>
<thead>
<tr>
<th>LGA</th>
<th>Mean weekly income ($)</th>
<th>Mean weekly mortgage repayment ($)</th>
<th>Mean weekly rent ($)</th>
<th>% of income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bellingen</td>
<td>997</td>
<td>350</td>
<td>35.1**</td>
<td>280</td>
</tr>
<tr>
<td>Coffs Harbour</td>
<td>1,107*</td>
<td>401*</td>
<td>36.2</td>
<td>305*</td>
</tr>
<tr>
<td>Kempsey</td>
<td>894</td>
<td>325</td>
<td>36.4</td>
<td>240**</td>
</tr>
<tr>
<td>Port Macquarie–Hastings</td>
<td>1,042</td>
<td>418*</td>
<td>40.1*</td>
<td>310*</td>
</tr>
</tbody>
</table>

* Statistically above the MNC average (z > 1.00); ** statistically below the MNC average (z < -1.00).

Figure 26 compares weekly rent costs by region for new bonds in the December 2017 quarter.

**Figure 26.** Median rent in the Mid North Coast and neighbouring regions, December 2017[^3](#)

Note: Each region’s weekly rent cost is averaged from its constituent LGA median costs, wherever those are available.

Figure 27 breaks down MNC rental cost in the December 2017 quarter by LGA and by number of bedrooms. Note that the average number of bedrooms per dwelling is three (3.1) in Australia.[^2](#)

**Figure 27.** Median weekly rental costs for all dwellings in the Mid North Coast, December 2017[^4](#)

* Value shown for one-bedroom rentals in Bellingen is from the Sep. 2017 quarter[^5](#); all other values are from December 2017.

Note: Dashed lines in mark the median cost per week across the state, excluding Greater Sydney region (1 bedroom dwellings: $200; 2 bedrooms: $270; 3 bedrooms: $340; 4+ bedrooms: $420)
The number of people experiencing homelessness in the MNC LGAs and the state and country are given in Table 10.

**Table 10. Census measures of homelessness on the Mid North Coast, 2011 and 2016**[113, 123]

<table>
<thead>
<tr>
<th>Area</th>
<th>Count (% MNC total)</th>
<th>Count (% MNC total)</th>
<th>% change since 2011</th>
<th>Rate per 10,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bellingen</td>
<td>44 (4.1)</td>
<td>54 (5.0)</td>
<td>0.2</td>
<td>42</td>
</tr>
<tr>
<td>Coffs Harbour</td>
<td>280 (26.0)</td>
<td>323 (30.1)</td>
<td>15.4</td>
<td>43</td>
</tr>
<tr>
<td>Kempsey</td>
<td>205 (19.0)</td>
<td>139 (13.0)</td>
<td>-32.2</td>
<td>47*</td>
</tr>
<tr>
<td>MidCoast</td>
<td>271 (25.1)</td>
<td>210 (19.6)</td>
<td>-22.5</td>
<td>22**</td>
</tr>
<tr>
<td>Nambucca</td>
<td>69 (6.4)</td>
<td>67 (6.2)</td>
<td>-2.9</td>
<td>34</td>
</tr>
<tr>
<td>Port Macquarie–Hastings</td>
<td>209 (19.4)</td>
<td>280 (26.1)</td>
<td>34.0</td>
<td>35</td>
</tr>
<tr>
<td>MNC</td>
<td>1,078 (100.0)</td>
<td>1,073 (100.0)</td>
<td>-0.5</td>
<td>35</td>
</tr>
<tr>
<td>NSW</td>
<td>27,483</td>
<td>37,692</td>
<td>37.1</td>
<td>49</td>
</tr>
<tr>
<td>Australia</td>
<td>102,439</td>
<td>116,427</td>
<td>13.7</td>
<td>48</td>
</tr>
</tbody>
</table>

* Statistically above the MNC average (z = 1.12); ** statistically below the MNC average (z = -1.68).

Figure 28 compares latest census rate of people experiencing homelessness in the MNC and neighbouring populations.

**Figure 28. Rate of homelessness in the Mid North Coast and neighbouring regions, 2016**[112]

Figure 29 shows how MNC rates of people experiencing homelessness have changed since the 2011 census.

**Figure 29. Rate of homelessness in the Mid North Coast, 2011 to 2016**[111, 123]

**A9 Employment and education**

Figure 30 breaks down the MNC workforce by age group.

**Figure 30. Age profile of workforce in Mid North Coast and NSW, 2016**[15, 16]
Table 11 presents MNC LGA youth labour force participation statistics, gathered during the 2011 Australian Bureau of Statistics census. Note that the same statistics for LGAs as at the 2016 census are currently unavailable.

Table 11. Young people’s labour force participation across the Mid North Coast LGAs, 2011

<table>
<thead>
<tr>
<th>LGA</th>
<th>Labour force indicator</th>
<th>Persons aged 15 to 19</th>
<th>Count</th>
<th>% same-aged persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bellingen</td>
<td>In the labour force</td>
<td>320</td>
<td>40.6*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>In the labour force, employed</td>
<td>257</td>
<td>31.9*</td>
<td></td>
</tr>
<tr>
<td>Coffs Harbour</td>
<td>In the labour force</td>
<td>2,542</td>
<td>56.0**</td>
<td></td>
</tr>
<tr>
<td></td>
<td>In the labour force, employed</td>
<td>2,092</td>
<td>44.3**</td>
<td></td>
</tr>
<tr>
<td>Kempsey</td>
<td>In the labour force</td>
<td>770</td>
<td>44.5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>In the labour force, employed</td>
<td>131</td>
<td>34.9</td>
<td></td>
</tr>
<tr>
<td>Mid-Coast</td>
<td>In the labour force</td>
<td>2,455</td>
<td>50.2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>In the labour force, employed</td>
<td>2,024</td>
<td>39.6</td>
<td></td>
</tr>
<tr>
<td>Nambucca</td>
<td>In the labour force</td>
<td>473</td>
<td>44.5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>In the labour force, employed</td>
<td>375</td>
<td>33.9</td>
<td></td>
</tr>
<tr>
<td>Port Macquarie-Hastings</td>
<td>In the labour force</td>
<td>2,219</td>
<td>52.4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>In the labour force, employed</td>
<td>1,882</td>
<td>43.0</td>
<td></td>
</tr>
<tr>
<td>MNC total</td>
<td>In the labour force</td>
<td>8,779</td>
<td>50.9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>In the labour force, employed</td>
<td>7,263</td>
<td>40.5</td>
<td></td>
</tr>
</tbody>
</table>

Statistical significance: * Below average (z < -1.00); ** above average (z > 1.00).

The 2017 Regional Social Profile survey collected information from 306 residents across the MNC about their everyday use of the internet (Figure 31).

Figure 31. Everyday uses of internet of 307 Mid North Coast survey respondents, 2017

Just over 6% of the MNC workforce worked from home in 2016 (Figure 33).

Figure 33. Proportion of people in each Mid North Coast LGA who worked from home, 2016

The 2017 Regional Social Profile survey collected information on the main concerns reported by MNC residents around internet use (Figure 32).

Figure 32. Concerns about internet use reported by 306 Mid North Coast survey respondents, 2017

Dashed lines indicate percentage rates for whole regions: Central Coast (CC); Mid North Coast (MNC); Northern Rivers (NR).
Figure 34 shows that 91% of single-method travellers used a car in 2016 (69,844 people or 84.8% as driver, and 5,468 or 6.6% as passenger).

**Figure 34.** Proportion of workers who travel to work by a single method of travel in the Mid North Coast and neighbouring regions, 2016 [15]

Table 10 lists the percentage of children in each of the 2015 MNC LGAs who satisfy five performance criteria measured by the AEDC to estimate childhood education readiness. Data were collected from children commencing their first year of full-time school in 2015.

**Table 10.** Proportion of children who are developmentally on track for five AEDC indicators in the Mid North Coast, 2015 [147]

<table>
<thead>
<tr>
<th>LGA or region</th>
<th>Physical health &amp; wellbeing</th>
<th>Social competence</th>
<th>Emotional maturity</th>
<th>Language &amp; cognitive skills</th>
<th>Communication skills &amp; general knowledge</th>
<th>Indicator average</th>
<th>Children sampled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bellingen</td>
<td>90.7</td>
<td>84.5</td>
<td>78.3</td>
<td>89.1</td>
<td>91.5</td>
<td>86.8</td>
<td>144</td>
</tr>
<tr>
<td>Coffs Harbour</td>
<td>73.6</td>
<td>75.1</td>
<td>75.0</td>
<td>88.0</td>
<td>76.4</td>
<td>77.6</td>
<td>927</td>
</tr>
<tr>
<td>Gloucester</td>
<td>80.0</td>
<td>75.6</td>
<td>84.4</td>
<td>88.9</td>
<td>88.9</td>
<td>83.6</td>
<td>51</td>
</tr>
<tr>
<td>Greater Taree</td>
<td>75.0</td>
<td>71.5</td>
<td>72.6</td>
<td>81.6</td>
<td>77.2</td>
<td>75.6</td>
<td>570</td>
</tr>
<tr>
<td>Great Lakes</td>
<td>71.9</td>
<td>71.9</td>
<td>76.7</td>
<td>84.2</td>
<td>71.3</td>
<td>75.2</td>
<td>354</td>
</tr>
<tr>
<td>Kempsey</td>
<td>67.5</td>
<td>70.2</td>
<td>71.9</td>
<td>79.5</td>
<td>71.6</td>
<td>72.1</td>
<td>400</td>
</tr>
<tr>
<td>Nambucca</td>
<td>78.2</td>
<td>78.2</td>
<td>84.9</td>
<td>85.3</td>
<td>74.2</td>
<td>80.2</td>
<td>240</td>
</tr>
<tr>
<td>Port Macquarie -Hastings</td>
<td>80.0</td>
<td>75.9</td>
<td>79.4</td>
<td>85.3</td>
<td>79.9</td>
<td>80.1</td>
<td>896</td>
</tr>
<tr>
<td>MNC average</td>
<td>77.1</td>
<td>75.4</td>
<td>77.9</td>
<td>85.2</td>
<td>78.9</td>
<td>78.9</td>
<td>3,582</td>
</tr>
<tr>
<td>NSW</td>
<td>77.8</td>
<td>76.5</td>
<td>79.1</td>
<td>87.9</td>
<td>75.9</td>
<td>79.4</td>
<td>96,156</td>
</tr>
<tr>
<td>Australia</td>
<td>77.3</td>
<td>75.2</td>
<td>76.4</td>
<td>84.6</td>
<td>76.3</td>
<td>78.0</td>
<td>302,003</td>
</tr>
</tbody>
</table>

**A10 Disability**

Table 11 is a summary of data from the Department of Family and Community Services (FACS) on disability and need for assistance. In all categories, MNC has higher rates of need than the state.

**Table 11.** Need for assistance across the Mid North Coast, 2015-16

<table>
<thead>
<tr>
<th>2015–16 FACS indicators</th>
<th>MNC district (does not include MidCoast LGA)</th>
<th>NSW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carers for people with disability (% of all people)</td>
<td>10.6</td>
<td>9.2</td>
</tr>
<tr>
<td>Percentage of people under 65 years of age who need assistance</td>
<td>3.2</td>
<td>2.2</td>
</tr>
<tr>
<td>FACS disability clients per 1,000 population</td>
<td>12.3</td>
<td>7.7</td>
</tr>
<tr>
<td>Percentage of FACS disability clients who receive individualised support</td>
<td>40.0</td>
<td>26.0</td>
</tr>
<tr>
<td>Percentage of the population who receive the disability support pension</td>
<td>6.5</td>
<td>3.9</td>
</tr>
</tbody>
</table>

**A11 Ageing**

Statistics on ageing in the MNC population have been presented in earlier tables and figures:

- Appendix A1, Figure 4: Fewer women are giving birth, and most babies are born to women aged 30 or over
- Appendix A9, Figure 30: The workforce is older than the state average.
Appendix B. Methodology

This report has sourced the most current data available. This report uses data from the previous census of population and housing (2011) in cases where LGA-specific 2016 census data are yet to be released. This report cites numerous sources of evidence, most of which have been published in the last two years. The chronologic scope of this Regional Social Profile is five years either way of 2017: an evidence base from predominate the last five years shall be drawn on to shape a profile for our MNC region over the next five years.

Statistics

The quantitative analyses featured in the Regional Social Profile represent a top-down approach—groups are defined at a large scale, and aggregated data are explored to identify strengths and infer concerns shared by the groups as a whole.

For the analytic purposes of this report, the criterion for statistical significance was met if a measure was less than or greater than 84% of comparable measures in a set. This cut-off value corresponds to a standardised measure or z-score of z = ±1.00.

The Northern Rivers (NR) and Central Coast (CC) regions have been selected to allow for quantitative comparisons with our MNC region. The NR is our direct neighbour to the north, and shares measurable characteristics such as population size, area size and climate (see Table 12). The CC is selected here as a peri-urban comparison to MNC. It is south whereas NR is north, but all three regions are in NSW and have a similar population size. Unlike MNC and NR, all of CC’s population is concentrated in just one LGA.

Table 12. Geographic, climactic and population measures of the Mid North Coast and neighbouring regions

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Region</th>
<th>MNC</th>
<th>NR</th>
<th>CC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total size</td>
<td></td>
<td>21,377</td>
<td>20,706</td>
<td>1,681</td>
</tr>
<tr>
<td>LGAs</td>
<td></td>
<td>6</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Size per LGA</td>
<td>Subtropical:</td>
<td>Subtropical:</td>
<td>Subtropical:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Warm humid summer</td>
<td>Warm humid summer</td>
<td>Warm humid summer</td>
<td></td>
</tr>
<tr>
<td>m降雨 (mm/year)</td>
<td>1,434</td>
<td>1,412</td>
<td>1,294</td>
<td></td>
</tr>
<tr>
<td>m年度最低温度(°C)</td>
<td>12.1</td>
<td>13.9</td>
<td>11.4</td>
<td></td>
</tr>
<tr>
<td>m年度最高温度(°C)</td>
<td>23.4</td>
<td>25.1</td>
<td>21.7</td>
<td></td>
</tr>
</tbody>
</table>

Population

| People, 2016 | 308,372 | 299,017 | 334,857 |
| Category     | Rural/regional | Rural/regional | Peri-urban |
| Density (people/km²) | 14.4 | 14.4 | 199.2 |
| People per LGA | 51,395 | 42,717 | - |
| Largest city**: people | Coffs Harbour; 70,134 | Lismore; 28,979 | Central Coast; 327,024 |
| % People in largest city | 22.7 | 14.3 | 97.7 |

* Largest city population determined from Significant Urban Areas (not LGAs)

Table 13. The 18 most populous Mid North Coast postal areas

<table>
<thead>
<tr>
<th>LGA</th>
<th>Postal area</th>
<th>Main town/city</th>
<th>Other notable suburbs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bellingen</td>
<td>2453</td>
<td>Dorrigo</td>
<td>Fernmount, Glennifer, Kalang, Mylestorn, Raleigh, Repton, etc.</td>
</tr>
<tr>
<td></td>
<td>2454</td>
<td>Bellingen</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2455</td>
<td>Urunga</td>
<td></td>
</tr>
<tr>
<td>Coffs Harbour</td>
<td>2450</td>
<td>Coffs Harbour</td>
<td>Boambee, Bonville, Korora, Moonee Beach, Park Beach, etc.</td>
</tr>
<tr>
<td></td>
<td>2452</td>
<td>Toormina</td>
<td>Boambee East, Sawtell</td>
</tr>
<tr>
<td></td>
<td>2456</td>
<td>Woolgoolga</td>
<td>Arrawarra, Corindi, Emerald Beach, Red Rock, Sandy Beach, etc.</td>
</tr>
<tr>
<td>Kempsey</td>
<td>2431</td>
<td>South West Rocks</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2440</td>
<td>Kempsey</td>
<td>Crescent Head, Frederickton, Gladstone, Hat Head, Smithtown</td>
</tr>
<tr>
<td></td>
<td>2441</td>
<td>Stuarts Point</td>
<td>Fishermans Reach, Grassy Head, Yarrahapinni</td>
</tr>
<tr>
<td>MidCoast</td>
<td>2422</td>
<td>Gloucester</td>
<td>Copeland, Stratford</td>
</tr>
<tr>
<td></td>
<td>2428</td>
<td>Forster–Tuncurry</td>
<td>Diamond Beach, Seal Rocks, Smiths Lake</td>
</tr>
<tr>
<td></td>
<td>2430</td>
<td>Taree</td>
<td>Cundleton, Lansdowne, Manning Point, Old Bar, Tinnonee</td>
</tr>
<tr>
<td>Nambucca</td>
<td>2447</td>
<td>Macks Creek</td>
<td>Newee Creek, Scotts Head, Wirrimbi</td>
</tr>
<tr>
<td></td>
<td>2448</td>
<td>Nambucca Heads</td>
<td>Valla Beach</td>
</tr>
<tr>
<td></td>
<td>2449</td>
<td>Bowraville</td>
<td></td>
</tr>
<tr>
<td>Port Macquarie–Hastings</td>
<td>2443</td>
<td>Laurieton</td>
<td>Camden Head, Dunbogan, North Haven</td>
</tr>
<tr>
<td></td>
<td>2444</td>
<td>Port Macquarie</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2446</td>
<td>Wauchope</td>
<td></td>
</tr>
</tbody>
</table>

While the majority of Stuarts Point postal area (2441) is in Kempsey LGA, it also includes minor communities from Port Macquarie–Hastings (e.g. Cooperabung, Hacks Ferry and Upper Rollands Plains).

A total of seven MNC postal areas are not represented in Table 15: two from Port Macquarie–Hastings LGA (Kempsey, Stuarts Point) and five from MidCoast LGA (Bulahdelah, Gloucester, Forster–Tuncurry, Taree, Coffs Harbour). Note that Wangi Wangi shares its postcode with some minority Port Macquarie–Hastings LGA communities (e.g. Comboyne). Collectively, these seven postcodes account for roughly 6% of the MNC population.

Community conversations

A limitation of the pure, high-level analytic approach is that statistics give no sense of what it is like to live in and be a part of a community; the wisdom in individuals’ experience is forsaken for the ability to make statistical inferences about a whole community. With that limit in mind, we have collected narrative data from people who live and work in the MNC, via three discrete forums:

- targeted conversations facilitated and transcribed by the Department of Family and Community Services (FACS) in March 2017
- a Youth Futures Forum in Coffs Harbour on 4 April 2017, which was attended by 102 young people
- child and family interagency meetings hosted by FACS in June 2017

Each of these community conversations was based on the Harwood theoretical approach. Whereas much of the quantitative data in the Regional Social Profile describes groups of thousands of people at the

In the MNC region, there are 26 postal areas each with a distinct postcode. The 18 most populous areas are tabulated in Table 13 for subsequent analyses.
LGA- or postcode-level, community conversations encourages individuals to describe the community using their own words. These community conversations gather qualitative information directly from the community, and complement the quantitative research data reported in our Regional Social Profile. From these, we are interested in learning and incorporating into our report:

- What do people see as strengths in their communities?
- What are people’s aspirations for the future for their communities?

**Regional Social Profile survey**

Mid Coast Communities ran an online Regional Social Profile survey from June to August 2017. The aim was to measure people’s perceptions about the MNC’s strengths and areas of needed improvement, as a complement to statistical and conversational data (see above).

The anonymous survey consisted of 11 items that targeted themes identified from the community conversation data. People were invited to participate in the survey via our online Your Voice newsletter, and our Mid Coast Communities social media pages on Facebook.

A total of 311 people participated in the survey. Some respondents skipped some of the questions, so the number of responses to each item does not always add up to 311. Respondents were asked to rate their level of agreement on a five-point scale, against each of the following 11 statements:

- I take pride in the environment where I live.
- I feel hopeful and positive about the community where I live.
- My neighbourhood is a safe and friendly place for children, young people, and their families.
- If I need to access a local service, I would have no trouble finding relevant information.
- There are plenty of opportunities for growth and self-improvement in my area.
- The area where I live is a place of connection between families and cultures.
- It is easy to travel between townships in the wider MNC region.
- I feel like others in the community would listen to my concerns about the local area.*
- Public toilets and other facilities in my local area are maintained.*
- I belong to a community that celebrates diversity without prejudice.
- Bullying and peer-pressure is not a major concern in the area where I live.*

The order of items was randomised for each participant. Starred items (*) were negatively phrased in the survey. In addition to the five-point scale, text boxes were provided so that respondents could elaborate on any of their item ratings.

As part of the survey, we asked people some demographic questions. Figure 35 shows that half of our survey respondents live in Coffs Harbour (103 people; 33%) and Port Macquarie–Hastings (50 people; 16%). Survey findings that relate to specific themes of this Regional Social Profile are presented in the relevant chapters.


177. North Coast Primary Health Network (2016) Port Macquarie local government area health check [Author, Ballina, NSW, Not available online].


189. Harwood Institute for Public Innovation (n.d.) United Way campaign for the common good: Community conversation workbook [Author & United Way, Bethesda, MD, Not available online].